

## IMAGES IN DERMATOLOGY

### Lichen Sclerosus on the Eyelids<sup>☆</sup>

### Liquen escleroso en los párpados

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Figure 1

A 57-year-old woman consulted with pruritic lesions on the trunk and a burning sensation affecting the vulva that had first appeared 1 year earlier, as well as mildly pruritic lesions that had appeared on her eyelids during the previous few weeks. Physical examination revealed several oval plaques with a pearly appearance on the trunk and atrophy and erosions on the labia minora. These findings were compatible with lichen sclerosus. Nonindurated pearly plaques without telangiectasia were observed on both eyelids (Fig. 1A). Histopathology revealed a thin epidermis with vacuolar degeneration and follicular plugging, a homogeneous and eosinophilic papillary dermis with melanophages, and a moderate lymphohistiocytic infiltrate in the mid

dermis, which pointed to a diagnosis of lichen sclerosus (Fig. 1B). The laboratory workup, which included thyroid function and autoantibodies, yielded normal results. The patient was prescribed topical tacrolimus 0.1%, and her condition improved slightly.

The anogenital region is the most common location for lichen sclerosus. Extragenital lichen sclerosus is usually found on the neck, shoulders, arms, and trunk. Involvement of the face is extremely rare, with only 7 cases of palpebral lichen sclerosus having been reported. As this may be the initial or even the only manifestation, the diagnosis must be confirmed with histopathology. There have also been reports of 7 cases of extrapalpebral lichen sclerosus, most of which were linear and occasionally affecting the oral cavity. While lichen sclerosus is associated with Koebner phenomenon, the patient in the present case denied touching the eyelid as a possible triggering factor.

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