Abstract: Lichen Planus (LP) is an idiopathic inflammatory disease of the skin and mucous membranes. Classical LP is characterized by pruritic, violaceous papules that favor the extremities.

Lp has been reported to affect from 0.22% to 1% of the adult population and oral lesions have been observed in up to 1-4% of the population. There is no racial predisposition.

There is a growing body of evidence that LP represents T-Cell mediated autoimmune damage to basal keratinocytes that express altered self-antigens on their surface.

The characteristic lesions of Lp are small, polygonal-shaped, violaceous, flat-topped papules. The most frequently involved sites are the flexor surfaces of the wrists and forearms. The mucous membranes, especially the oral mucosa are affected in more than half of patients.

The nails are affected in approximately 10% of patients that the most specific abnormality is lateral thinning of the nail. Lichen planopilaris on the scalp may result in scarring alopecia.

there are many variants of LP, like Actinic, Atrophic, Bullous, Hyper trophic, inverse and linear, ...

Well-described therapies for LP include topical, intralesional and systemic corticosteroids, retinoids, narrowband UVB, PUVA and for severe and resistant cases, oral cyclosporine.