Lichen sclerosus et atrophicus = اﻠﻀﻤورﻲ اﻠﺘﺼﻠﺒﻲ اﻠﺤزاﺰ
Lichen Sclerosus ET Atrophicus
Lesions of LS are characterized by white polygonal papules that coalesce to form plaques. Comedo-like
In male patients, involvement of the glans and prepuce often results in phimosis. Although the literature has been dominated by reports of atrophic changes, LS has been infrequently documented in association with LS; however, a cause-and-effect relationship has not been established.

In female patients, contiguous involvement of the labial, perineal, and anal areas has been described clinically as a "figure 8."
or "keyhole" lesions (165). Many cases of childhood LS in girls resolve by menarche (166). If lesions persist, atrophy of... to lichen sclerosus et atrophicus of the skin, which rarely itches, there is often severe pruritus in the vulvar region.

The premalignant potential in LS has been debated extensively and remains ill defined. The most recent...
recognized by finding pale superficial dermal collagen, as compared with hypocellular compacted deep collagen.
Histopathology.

The salient histologic findings in cutaneous lesions of lichen sclerosus et atrophicus include (a) hyperkeratosis with parakeratosis, (b) acanthosis, (c) spongiosis with intraepidermal edema and homogenization of the collagen in the upper dermis, and (d) an inflammatory infiltrate in the mid-dermis.
The hyperkeratosis is so marked that the horny layer is often thicker than the atrophic stratum malpighii.

Keratotic plugging of appendageal ostia is often associated with atrophy and disappearance of appendageal structures.
Beneath the epidermis is a broad zone of pronounced lymphedema. Within this zone, the collagenous fibers...
Except in lesions of long duration, an inflammatory infiltrate is present in the dermis. The younger the lesion, the more obvious the infiltrate. The mid portion and lower dermis may appear swollen, homogeneous, and eosinophilic, thus appearing sclerotic (hence lichen sclerosus).

Cases of overlap of morphea and LS may be seen and demonstrate the histologic changes of both disorders in their respective locations of the dermis.
Pathogenesis

Changes in the dermal matrix have been detected in LS. By electron microscopy, collagen fibrils often lack cross-striation, and in cross sections they sometimes have the appearance of empty tubes, suggesting degeneration of the collagen fibers.
The frequent finding of human papillomavirus alterations in lesions of LS have lead some to consider LS changes in cases of other chronic vulvar dermatitides. It has been hypothesized that persistent antigen may lead to the presence of CD8/CD57-positive T cells, which may play a role in tissue remodeling and fibrosis through cytokine elaboration.
In the epidermis, intercellular edema separates epidermal cells that show degenerative changes. There

Differential Diagnosis


Very early lesions may resemble lichen planus because of the apposition of the inflammatory infiltrate to the basal layer. Old lesions of lichen sclerosus et atrophicus with thickening and eosinophilia of the collagen bundles in the midportion.
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