Lichen Nitidus

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Financial Disclosures: None reported.

Support: None reported.

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Submitted

February 3, 2019;

revision received

March 5, 2019;

accepted

March 15, 2019.

A 25-year-old man presented with a 5-year history of small asymptomatic bumps on his extremities and trunk. He denied any oral lesions or nail changes. Examination revealed multiple 1- to 2-mm monomorphic, hypopigmented, shiny papules symmetrically distributed on the neck, trunk, elbows, hands (**image A** and **image B**), popliteal fossae, dorsal feet, and ankles. A 4-mm punch biopsy found a “ball” of lichenoid and granulomatous inflammation with occasional giant cells in the papillary dermis, cupped laterally by “claw-like” extensions of acanthotic epidermal rete, consistent with lichen nitidus.

Lichen nitidus typically presents as multiple, flesh-colored, tiny, shiny papules found on flexor surfaces of the upper extremities, genitalia, and anterior trunk.^{1,2} Similar to lichen planus and psoriasis, lichen nitidus can develop in areas of trauma to the skin, which is known as the Koebner phenomenon.³ The diagnosis of lichen nitidus is usually clinical, but a punch biopsy of a

representative papule should be performed if the diagnosis is in question or if there is a lack of response to empiric treatments. Lichen nitidus typically self-resolves after a few months to a year. However, if the lesions persist or are symptomatic, treatment options are aimed at reducing associated inflammation.^{4,5} (doi:10.7556/jaoa.2019.119)

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