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罕见白癜风并发环状扁平苔藓1例报告

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【摘要】 患者女，36岁，因“腰部白斑10⁺年，其上新发环状斑块6⁺月”来院就诊。入院后完善伍德灯检查示：阳性。右腰部环状隆起边缘处皮肤组织病理示：表皮角化过度，颗粒层楔形增厚，基底层细胞液化变性，真皮浅层淋巴细胞呈带状浸润。诊断：白癜风并发环状扁平苔藓。予以卤米松乳膏治疗，2次/d，治疗1个月后紫红色环状斑块基本消退，随访2个月未见复发。环状扁平苔藓是扁平苔藓的一种少见亚型，迄今国内外尚未见到此病合并白癜风的病例报道。

【关键词】 环状扁平苔藓　扁平苔藓　白癜风

Vitiligo Combined With Annular Lichen Planus: A Rare Case Report

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【**Abstract**】 A 36-year-old female patient came to our hospital with the chief complaint of having white patches on her waist for 10-plus years and having new annular plaques appearing on the white patches for 6-plus months. Wood's lamp examination done in the hospital showed a positive result. Histopathology of skin tissue from the edge of the annular swelling on the right waist revealed epidermal hyperkeratosis, wedge-shaped thickening of the granular layer, liquefactive degeneration of the basal cells, and a band-like infiltration of lymphocytes in the superficial dermis. The patient was diagnosed with vitiligo combined with annular lichen planus (ALP). The patient was treated with topical halometasone cream administered twice a day. The purplish-red annular plagues subsided and disappeared almost completely one month after the treatment was started and no signs of recurrence were observed duringn the 2-month follow-up. ALP is a rare variant of lichen planus. There has been no reported case of vitiligo combined with ALP so far.

【**Key words**】 Annular lichen planus　Lichen planus　Vitiligo

1　病例资料

患者，女性，36岁，因“腰部白斑10⁺年，其上新发环状斑块6⁺月”来院就诊。患者入院前10⁺年无明显诱因于双侧腰部出现直径约4～6 cm白色斑片，边界清晰、不规则，无鳞屑，不伴疼痛、瘙痒，因白斑进展缓慢，患者未重视，未治疗。6⁺月前患者无明显诱因于双侧腰部白斑上及内踝部出现直径约1～3 cm紫红色环状斑块，环状边缘堤状隆起，其上可见少许白色鳞屑，偶有轻微瘙痒，无水疱、糜烂、渗出等。既往予以“萘替芬酮康唑乳膏”“他克莫司软膏”治疗，无明显好转。为求进一步诊治，遂至我院就诊。内科查体无特殊。皮肤科查体：双侧腰部可见直径约4～6 cm白色斑片，其上及内踝部可见直径约1～3 cm紫红色环状斑块，环状边缘堤状隆起，其上可见少许白色鳞屑（图1）。口腔黏膜、指甲未查见明显异常。既往史及家族史：饮食无特殊，近期无用药史、疫苗注射史、化学品接触史。实验室检查：血常规、肝肾功能、抗核抗体、抗可提取性核抗原（extrectable nuclear antigen, ENA）抗体谱结果未见异常。皮肤真菌荧光镜检：阴性。伍德灯检查阳性：左侧腰部亮白色斑片，边界清晰，部分白斑可见毛囊复色（图2）。组织病理（右腰部环状隆起边缘）：表皮角化过度，颗粒层楔形增厚，基底层细胞液化变性，真皮浅层淋巴细胞呈带状浸润。结合患者典型的皮损特征、皮肤真菌荧光镜检、伍德灯检查及组织病理学结果，诊断为白癜风合并环状扁平苔藓（annular lichen planus, ALP）。予以卤米松乳膏治疗，2次/d，治疗1个月后紫红色斑块基本消退，随访2个月未见复发。但白斑尚未见明显好转，目前患者仍在随访中。

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2　讨论

ALP和白癜风是两个独立的疾病，目前病因不明。ALP是扁平苔藓的一种少见亚型，约占扁平苔藓的10%[1-2]。目前研究表明，ALP可能与细胞介导的免疫反应、遗传因素、感染因素、神经精神因素、药物因素、细胞内某些蛋白的改变及合并其他疾病都有着密不可分的关系[3]。临床上环状皮损主要表现为两种类型：①多个小丘疹排列呈环状，多为单环，少数可呈多环；②单个丘疹或斑块离心性向外扩展，中央消退，可伴有中央萎缩或色素沉着[4]。ALP好发于唇、龟头及阴茎，腋窝、腹股沟和四肢也可发

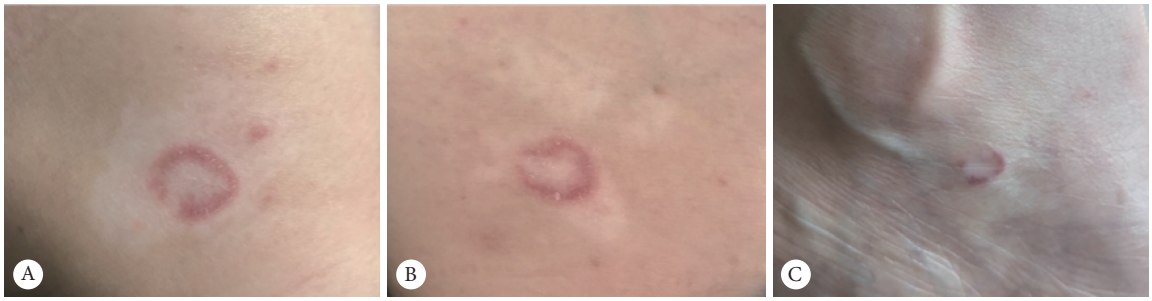

图 1 临床照片

Fig 1 Clinical pictures

A: left lumbar region; B: right lumbar region; C: ankle.

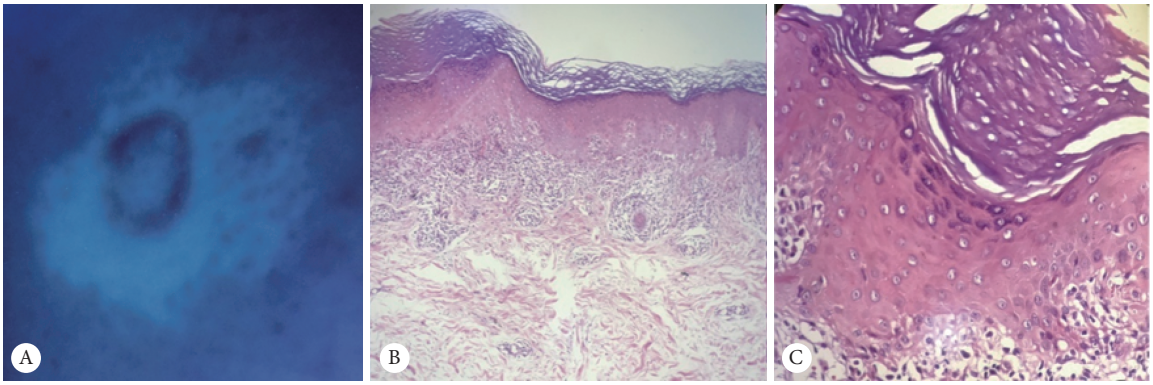

图 2 伍德灯检查阳性（A）和病理HE染色（B: ×40; C: ×200）

Fig 2 Positive result from Wood's lamp examination (A) and pathological HE staining (B, ×40; C, ×200)

生，多不累及头皮、黏膜及甲[1-2]。患者通常没有自觉症状，但偶有瘙痒或灼热感。本例患者的皮损基本符合上述特点。白癜风是一种获得性、特发性色素脱失性皮肤病，发病机制主要涉及遗传、免疫、氧化应激、黑素细胞自毁等[5]。最新对T细胞介导的免疫应答机制的研究表明，T淋巴细胞在扁平苔藓和白癜风的免疫发病机制中均具有重要作用，辅助性T淋巴细胞（Th）1、Th9、Th17、Th22和细胞毒性T淋巴细胞是二者免疫发病机制的共同组成部分[6]。

通过文献检索，迄今国内外尚未见到ALP合并白癜风的病例报道。目前已有研究报道环状扁平苔藓可合并银屑病关节炎、红斑狼疮、生殖器黑子（生殖器黏膜黑斑）、Sneddon综合征、克罗恩病、人类免疫缺陷病毒感染、新型冠状病毒（SARS-CoV-2）感染等[7-13]。此外，也有一些文献报道了白癜风合并扁平苔藓的情况，二者皮损可以重叠，也可分别发生，但报道中扁平苔藓皮损主要表现为圆形、椭圆形或多角形紫红色扁平丘疹、斑块[14-20]。本例患者ALP皮损多发，位于双侧腰部及内踝部，初起均呈环状，且绝大部分ALP皮损与白癜风皮损为重叠发生，本例患者在原有的白癜风皮损基础上出现ALP皮损，进一步证实了ALP和白癜风可能存在共同的发病机制。

本例患者的ALP皮损对于局部外用糖皮质激素治疗敏感，疗效显著，但白癜风色素脱失尚未见明显恢复，仍在进一步随访中。ALP有时与环状肉芽肿、环状银屑病、持久性色素异常性红斑、皮肤癣菌感染、蕈样肉芽肿和二期梅毒等难以区分，但本例患者通过实验室检查、组织病理学检查及对糖皮质激素治疗反应可明确诊断。

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利益冲突 所有作者均声明不存在利益冲突

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