Lichen Planus Esophagitis with Secondary Candidiasis: Successful Combination Treatment with Ketoconazole and a Corticosteroid

We report here on the case of a 59-year-old woman with a ten-year history of painful dysphagia to solids. Repeated esophagogastroduodenoscopy showed erosions in the upper third of the esophagus. Repeated biopsies of the lesions revealed chronic inflammation, but no malignancy and no evidence of viral or fungal infection. Recently, oral and vulvar lichen planus was confirmed and the patient was admitted to our hospital for further evaluation. Endoscopy showed stenosis at 23 cm. The mucosa of the esophagus above was erythematous and friable, with whitish mucosal plaques that stripped away on minimal contact (Figure **1**). The histopathological examination revealed neutrophils, lymphocytes, and plasma cell infiltration with spacing between the epithelium and other layers that corresponds to the echo-free space between the mucosa and submucosa detected by endosonography (Figure **2**). With other possibilities having been excluded, a diagnosis of lichen planus esophagitis was made, and the patient was started on systemic steroid therapy. The tissue culture of specimens taken just before the steroid therapy later revealed for the first time the presence of candidiasis. Treatment with oral ketoconazole was therefore started in addition to prednisone. After eight weeks, there was no evidence of candida esophagitis and the esophageal stenosis had disappeared. The patient is currently taking 5 mg prednisone per day, without recurrence of any symptoms.

Symptomatic lichen planus esophagitis, first described by Al-Shihabi and Jackson in 1982 (1), is still considered exceptional, although Dickens et al. (2) reported that a quarter of patients with lichen planus have esophageal disease. The condition usually affects the proximal esophagus, and has been described exclusively in women aged 44–79 years. From our case and other anecdotal reports (3–5), we suggest that lichen planus esophagitis should be considered in the differential diagnosis of lesions of the upper third of the esophagus. Steroid therapy provides symptomatic improvement. Lichen planus esophagitis may predispose to secondary candidiasis.

A. Ali, M. Rünzi, U. Rosien, H. Goebell, P. Layer
Division of Gastroenterology, Dept. of Internal Medicine, University of Essen, Essen, Germany

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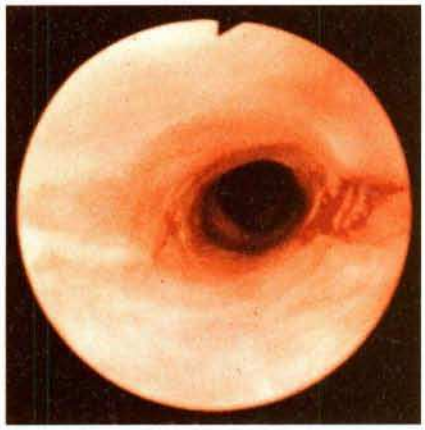

Figure 1: Endoscopic view of the erosive changes in the esophagus.

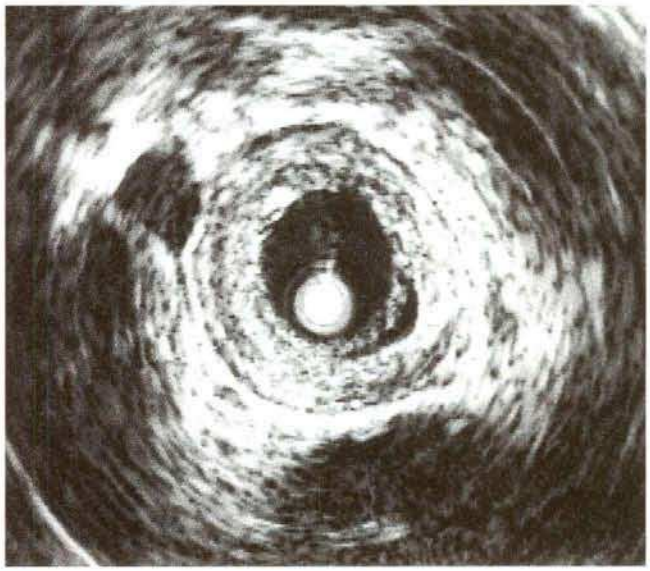

Figure 2: Endosonography: an echo-free space is seen between the mucosa and the submucosa.

Corresponding Author
P. Layer, M. D.
Division of Gastroenterology
Dept. of Internal Medicine
University of Essen
Hufelandstrasse 55
45122 Essen
Germany
Fax: + 49–201–7235970