

## Blaschkoid lichen planus

### Líquen plano blaschkoide

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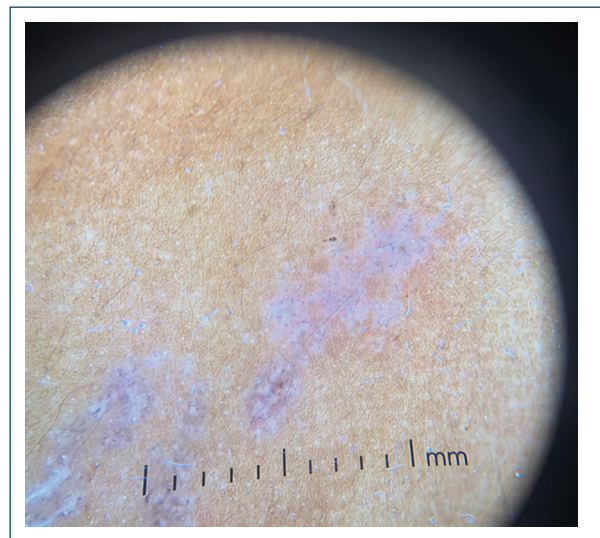
A 31-year-old female presented with a 3-month history of pruritic brown-violaceous scaly polygonal papules and plaques, distributed along multiple Blaschko lines on the left side of the torso and left upper limb (Fig. 1 and Fig. 2). She had no other lesions or symptoms. There was no history of new drugs in the preceding months. She had no significant past medical history and was medicated only with a combined contraceptive pill.

Blood testing was negative for anti-HCV antibodies. Punch biopsy was performed, which revealed slight irregular acanthosis, with wedge hypergranulosis and orthokeratotic hyperkeratosis, a moderate inflammatory infiltrate in the perivascular and interstitial areas of the superficial dermis, associated with moderate pigmentary incontinence, vacuolar degeneration of the basal layer, and formation of Civatte bodies. The diagnosis of blaschkoid lichen planus (LP) was made. The patient was medicated with topical betamethasone dipropionate 0.05% cream, once daily for 2 weeks. Two months later, the lesions had completely resolved, leaving post-inflammatory hyperpigmentation.

Blaschkoid LP is a rare variant of LP, in which lichenoid papules are distributed in the pattern of the lines of Blaschko, usually unilaterally. It is a benign and self-limited disorder. Treatment is usually a high-potency topical corticosteroid, but other options include systemic corticosteroids or phototherapy.<sup>1,2</sup>



**Figure 1.** Lichen planus is distributed along multiple Blaschko lines on the left side of the torso and left upper limb.



**Figure 2.** Dermoscopy of the lesion showing Wickham striae.

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## Author contributions

A. Magarreiro-Silva: clinical data collection; manuscript drafting; M. Pacheco-Silva: manuscript revision; J. Reis: manuscript revision; A. Roda: Iconographic record; manuscript revision.

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## Conflicts of interest

None.

## Ethical considerations

**Protection of human subjects and animals.** The authors declare to have followed the ethical standards of the relevant experimentation committee, according

to the World Medical Association and the Declaration of Helsinki. The procedures were approved by the institutional Ethics Committee.

**Confidentiality, informed consent, and ethical approval.** The authors have followed their institution's confidentiality protocols, obtained informed consent from all patients, and secured approval from the Ethics Committee. SAGER guidelines have been followed as applicable to the nature of the study.

**Declaration on the use of artificial intelligence (AI).** The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

## References

1. Criscito MC, Brinster NK, Skopicki DL, Seidenberg R, Cohen JM. Blaschkoid lichen planus: throwing a "curve" in the nomenclature of linear lichen planus. *JAAD Case Rep.* 2020;6:237-9.
2. Dayal S, Sahu P, Verma P, Amrani A, Khare R. Unilateral Blaschkoian lichen planus: a series of cases with review of literature. *J Clin Diagn Res.* 2017;11:WR01-4.