“Algesiogenic” Lichen aureus*
Líquen aureus “algesiogênico”

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Abstract: A case is described of lichen aureus in a 23 year old female with a 2-year history of painful, purpuric, rust-coloured to tan, lichenous lesion on forearm. A biopsy specimen demonstrated a dense lymphohistiocytic infiltrate in the upper dermis, with extravasation of red cells. The “algesiogenic” lichen aureus is a very rare dermatosis.
Keywords: Lichenoid eruptions; Pain; Purpura

Resumo: Descreve-se caso de líquen aureus em paciente do sexo feminino, com 23 anos de idade que apresentava há dois anos lesão dolorosa, purpúrica, acastanbada tendendo por semelhante a cor de ferrugem e de aspecto liquenóide no antebraço. O exame anatomopatológico revelou denso infiltrado linfoides e histiocitário na derme superior papilar, com extravasamento de hemácias. O líquen aureus é relativamente raro, sendo ainda mais raro o sintoma de dor.
Palavras-chave: Dor; Erupções liquenóides; Púrpura

INTRODUCTION
Lichen aureus falls within pigmented purpura dermatoses or chronic pigmented purpuras, and it is a rare capillaritis of unknown cause.1

It was described in 1957 by Martin,2 initially as a case for diagnosis. Years later, Calnan3 used the term lichen aureus to describe a new case. Other authors suggested the name lichen purpuricus4 which is also used in the literature. The clinical picture is characterized by usually asymptomatically lesions,1,6 with a lichenoid aspect and variably colored purpura component, ranging from brownish, reddish, violet, and rusty to, more rarely, “golden”. The authors describe a case of interest as it deals with a patient with a painful lesion.

CASE REPORT
Female, 23, came to consultation with a complaint of a painful “stain” on the forearm, with a two-year evolution. The patient denied any local trauma and reported a spontaneous pain on the site of the lesion which worsened when touched. There was no clinical history of infection or previous diseases. Blood test, platelet, prothrombin time and partial thromboplasmin, liver and kidney function tests, and blood sugar showed no abnormalities. Antinucleus factor and Lues (VDRL) were non-reagent. The patient had been on oral contraceptives for about five years.

The examination showed a red-brownish purpuric lesion, of a lichenous aspect, around 2 cm in size located on the flexing face of the right forearm (Figure 1). All the cutaneous tegument of the patient was examined and no other lesion was observed. At palpation of the lesion, the patient reported increase of the pain, reacting with a pain facies and moving the arm away.
The anatomic-pathologic examination showed a dense lymphohistiocytic infiltrate in the upper dermis and red blood cells extravasation. Edemaciated endothelium capillaries and hemosiderin deposits in macrophages, findings of chronic pigmented purpura, are compatible with lichen *aureus* (Figure 2).\(^5\)

Treatment with a high potency occluding steroid for 20 days was carried out without any improvement. The patient was counseled about the meaning and the good prognosis of the disease and she preferred to keep only a clinical follow-up.

**DISCUSSION**

Lichen *aureus* is a rare pigmented purpuric eruption, distinguishable from others (Schamberg's Disease, eczematoid purpura, Majocchi teleangectas-
REFERENCES


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