

## PHOTO ESSAY

# An Atlas of Lumps and Bumps, Part 40: Lichen Nitidus

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Alexander K.C. Leung, MD<sup>1,2</sup>, Benjamin Barankin, MD<sup>3</sup>, Joseph M. Lam, MD<sup>4</sup>, Kin Fon Leong, MD<sup>5</sup>

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Volume 64 - Issue 6 - June 2024

### Lichen Nitidus

Lichen nitidus is an idiopathic chronic dermatosis characterized by minute, flesh-colored or hypopigmented, shiny papules commonly occurring on the abdomen, chest, genitalia, and extremities.<sup>1,2</sup> Although the exact incidence is not known, lichen nitidus is a rare dermatosis. The majority of cases occur in children and young adults.<sup>3,4</sup> The mean age of onset is around 8 years of age.<sup>5,6</sup> The occurrence of lichen nitidus during infancy is extremely rare.<sup>1</sup> The sex ratio is approximately equal.<sup>4,7</sup> There is no racial predilection.<sup>5,7</sup>

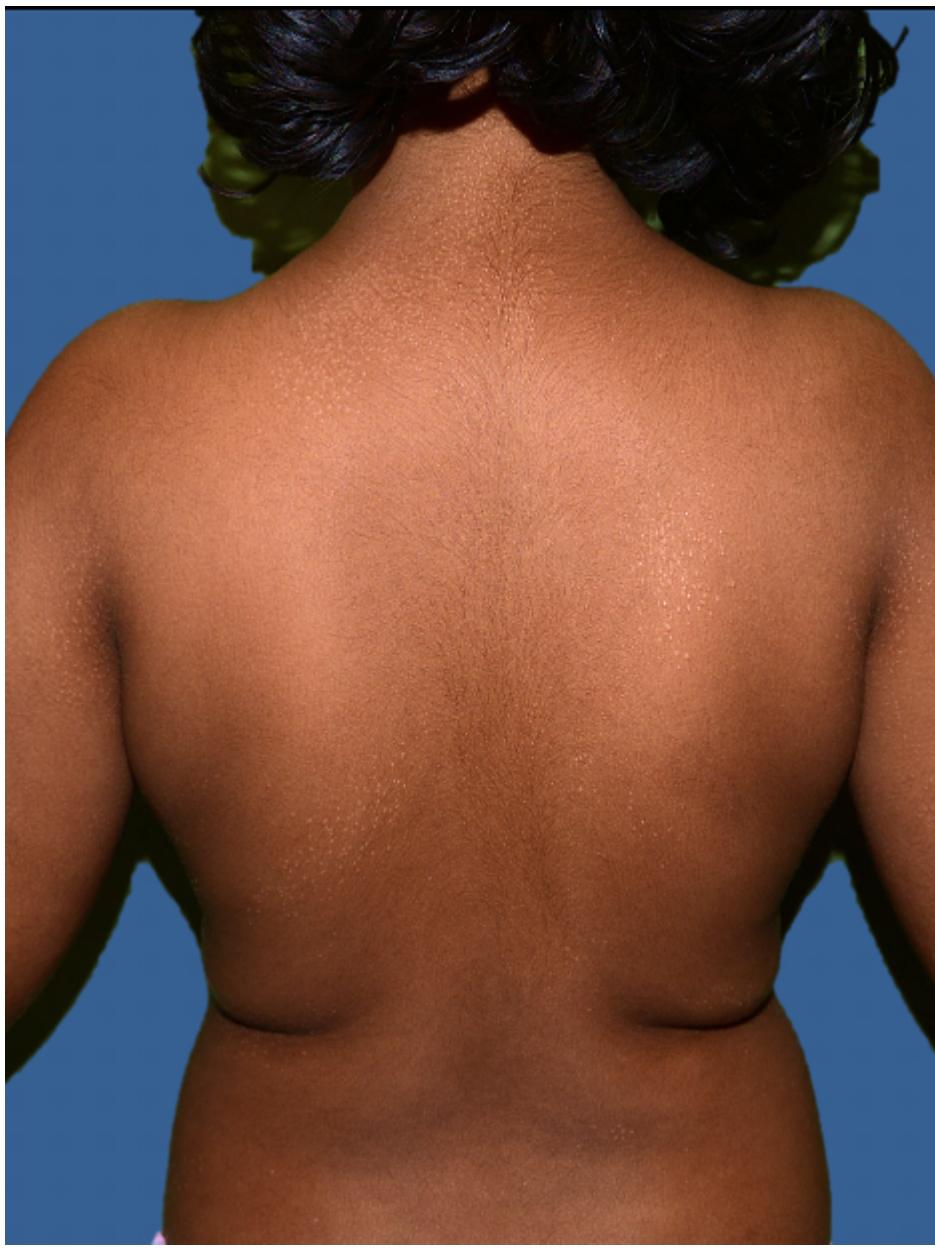
Lichen nitidus is more common in patients with lichen planus, lichen spinulosus, lichen striatus, vitiligo, psoriasis vulgaris, neurofibromatosis type 1, and erythema nodosum.<sup>4,5,8,9</sup> The condition has also been reported to occur following the use of certain medications (nivolumab, tremelimumab, mogamulizumab, ribavirin, interferon) and in patients after tattoos or trauma (Koebner phenomenon).<sup>4,7,10-12</sup> Other conditions associated with lichen nitidus include HIV infection, Crohn disease, Niemann-Pick disease, Down syndrome, and Silver-Russell syndrome.<sup>4,5,13-16</sup> Familial lichen nitidus has rarely been reported.<sup>1,17,18</sup> Leung and Ng reported identical twins with lesions of generalized lichen nitidus noted at two months of age.<sup>1</sup> The familial occurrence of lichen nitidus suggests a genetic component. It is possible that the genetic predisposition renders individuals susceptible to some environmental factors that induce a cell-mediated response, resulting in lymphocyte accumulation forming the discrete papules seen in lichen nitidus.<sup>4</sup>

Clinically, lichen nitidus presents as minute (1 to 2 mm in diameter), discrete, flat-topped, shiny papules, usually arranged in groups (**Figure 1**).<sup>1,7,19,20</sup> Occasionally, the lesions can be dome-shaped.<sup>20</sup>



**Figure 1.** *Lichen nitidus* presents as minute, discrete, flat-topped, shiny papules, usually arranged in groups

Although the lesions are often pink to tan brown or flesh-colored,<sup>4</sup> they may be hypopigmented in dark-skinned individual (**Figure 2**).<sup>20</sup> The lesions are usually asymptomatic but may be pruritic.<sup>20,21</sup> Sites of predilection include the chest, abdomen, genitalia, neck, and extremities.<sup>17,19,21</sup> Rarely, the palms, soles, oral mucous membrane, and nails may be involved.<sup>4,17</sup> Oral mucosal involvement often presents with flat, grayish papules on the oral mucosa while nail involvement may present with ridging, thickening/thinning, pitting, trachyonychia, and longitudinal grooving of the nail plate.<sup>22-24</sup> The disorder is most often localized but can become extensive or generalized.<sup>1,2,19,25</sup> Evidence of koebnerization, with grouping of the papules in a linear array, may be seen.<sup>20,21</sup>



**Figure 2.** The disorder is most often localized but can become extensive or generalized, with grouping of the papules in a linear array.

Several clinical variants have been recognized, namely, perforating lichen nitidus, linear lichen nitidus, confluent lichen nitidus, palmar/plantar lichen nitidus, hyperkeratotic and hypertrophic lichen nitidus, purpuric (hemorrhagic) lichen nitidus, actinic lichen nitidus, vesicular lichen nitidus, and follicular spinous lichen nitidus.<sup>26-32</sup>

The diagnosis of lichen nitidus is mainly clinical, based on its distinctive features. Typical dermoscopic features include smooth, white, well-circumscribed circles with a brown shadow.<sup>4,33</sup> *In vivo* reflectance confocal microscopy typically shows enlarged, well-circumscribed dermal papillae which are highly refractile.<sup>34</sup>

Lichen nitidus tends to resolve spontaneously within a few years.<sup>7</sup> Transient post-inflammatory hyperpigmentation at the site of the condition may occur.<sup>7</sup>

## AFFILIATIONS:

<sup>1</sup>Clinical Professor of Pediatrics, the University of Calgary, Calgary, Alberta, Canada

<sup>2</sup>Pediatric Consultant, the Alberta Children's Hospital, Calgary, Alberta, Canada

<sup>3</sup>Dermatologist, Medical Director and Founder, the Toronto Dermatology Centre, Toronto, Ontario, Canada

<sup>4</sup>Associate Clinical Professor of Pediatrics, Dermatology and Skin Sciences, the University of British Columbia, Vancouver, British Columbia, Canada.

<sup>5</sup>Pediatric Dermatologist, the Pediatric Institute, Kuala Lumpur General Hospital, Kuala Lumpur,

## CITATION:

Leung AKC, Barankin B, Lam JM, Leong KF. An atlas of lumps and bumps, part 40: lichen nitidus. *Consultant*. 2024;64(6):e3. doi:10.25270/con.2024.06.000004

## CORRESPONDENCE:

Alexander K. C. Leung, MD, #200, 233 16th Ave NW, Calgary, AB T2M 0H5, Canada  
(aleung@ucalgary.ca)

## EDITOR'S NOTE:

This article is part of a series describing and differentiating dermatologic lumps and bumps. To access previously published articles in the series, visit: <https://www.consultant360.com/resource-center/atlas-lumps-and-bumps>.

## References

1. Leung AK, Ng J. Generalized lichen nitidus in identical twins. *Case Rep Dermatol Med*. 2012;2012:982084. doi:10.1155/2012/982084
2. Al-Mutairi N, Hassanein A, Nour-Eldin O, Arun J. Generalized lichen nitidus. *Pediatr Dermatol*. 2005;22(2):158-160. doi: 10.1111/j.1525-1470.2005.22215.x
3. Farshi S, Mansouri P. Letter: Generalized lichen nitidus successfully treated with pimecrolimus 1 percent cream. *Dermatol Online J*. 2011;17(7):11.
4. Schwartz C, Goodman MB. Lichen nitidus. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan–2020 Jul 10.
5. Kundak S, Çakır Y. Pediatric lichen nitidus: A single-center experience. *Pediatr Dermatol*. 2019;36(2):189-192. doi: 10.1111/pde.13749
6. Lapins NA, Willoughby C, Helwig EB. Lichen nitidus. A study of forty-three cases. *Cutis*. 1978;21(5):634-637.
7. Chu J, Lam JM. Lichen nitidus. *CMAJ*. 2014;186(18):E688. doi: 10.1503/cmaj.140434
8. Cho EB, Kim HY, Park EJ, Kwon IH, Kim KH, Kim KJ. Three cases of lichen nitidus associated with various cutaneous diseases. *Ann Dermatol*. 2014;26(4):505-9. doi: 10.5021/ad.2014.26.4.505
9. Doğan S, Memis P, Ersoy-Evans S, Gokoz O, Tavil B, Çetin M. Generalized lichen nitidus associated with neurofibromatosis type 1 and juvenile myelomonocytic leukemia. *Int J Dermatol*. 2016;55(11):e592-e594. doi: 10.1111/ijd.13084
10. Komatsu-Fujii T, Nakajima S, Iwata M, Kataoka T, Hirata M, Nomura T, et al. Upregulated programmed death ligand 1 expression in nivolumab-induced lichen nitidus: A follow-up report with an immunohistochemical analysis. *J Dermatol*. 2020;47(9):e319-e320. doi:10.1111/1346-8138.15480.
11. Li AW, Ko CJ, Leventhal JS. Generalized lichen nitidus-like eruption in the setting of mogamulizumab and tremelimumab. *Eur J Dermatol*. 2017;27(3):325-326. doi: 10.1684/ejd.2017.298.
12. Shan SJ, Xia Z, Chen J, Xu TH, Xu XG, Li ZR, et al. Widespread lichen nitidus associated with tattoo. *Eur J Dermatol*. 2013;23(1):123-4. doi:10.1684/ejd.2012.1897.
13. Botelho LF, Magalhães JP, Ogawa MM, Enokihara MM, Cestari Sda C. Generalized Lichen nitidus with Down's syndrome: case report. *An Bras Dermatol*. 2012;87(3):466-8.  
View Keywords  
doi:10.1590/s0365-05962012000300018.

14. Giuliani A, Kumar S, Aggarwal D, Saikia UN, Vinay K. Generalized lichen nitidus: A rare cutaneous manifestation of Down's syndrome. *Skinmed*. 2019 May 29;17(2):141-142.
15. Teixeira VB, Coutinho I, Cardoso JC, Tellhechea Ó. Generalized lichen nitidus in a boy with Niemann-Pick disease type B. *An Bras Dermatol*. 2013 Nov-Dec;88(6):977-8. doi:10.1590/abd1806-4841.20132829
16. Wanat KA, Elenitsas R, Chachkin S, Lubinski S, Rosenbach M. Extensive lichen nitidus as a clue to underlying Crohn's disease. *J Am Acad Dermatol*. 2012;67(5):e218-20. doi:10.1016/j.jaad.2012.04.005
17. Kato N. Familial lichen nitidus. *Clin Exp Dermatol*. 1995 Jul;20(4):336-8. doi: 10.1111/j.1365-2230.1995.tb01337.x.
18. Marks R, Jones EW. Familial lichen nitidus. The simultaneous occurrence of lichen nitidus in brothers. *Trans St Johns Hosp Dermatol Soc*. 1970;56(2):165-7. PMID: 5516353.
19. Berman H, Truong A, Cheng CE. Pediatric generalized lichen nitidus treated with natural sunlight therapy. *Pediatr Dermatol*. 2019;36(5):690-692. doi:10.1111/pde.13915
20. Sanders S, Collier DA, Scott R, Wu H, MeNutt NS. Periappendageal lichen nitidus: report of a case. *J Cutan Pathol*. 2002 Feb;29(2):125-8. doi:10.1034/j.1600-0560.2002.290211.x
21. Soroush V, Gurevitch AW, Peng SK. Generalized lichen nitidus: case report and literature review. *Cutis*. 1999;64(2):135-136.
22. Kataria V, Singal A, Arora VK. Lichen nitidus associated with onychodystrophy and response to therapy: Report of two cases. *Skin Appendage Disord*. 2019;5(3):158-161. doi:10.1159/000493534
23. Relhan V, Sandhu J, Garg VK, Khurana N. Linear lichen nitidus with onychodystrophy in a child. *Indian J Dermatol*. 2019;64(1):62-64. doi:10.4103/ijd.IJD\_754\_16
24. Tay EY, Ho MS, Chandran NS, Lee JS, Heng YK. Lichen nitidus presenting with nail changes--case report and review of the literature. *Pediatr Dermatol*. 2015;32(3):386-388. doi:10.1111/pde.12425
25. Synakiewicz J, Polańska A, Bowszyc-Dmochowska M, Żaba RW, Adamski Z, Reich A, et al. Generalized lichen nitidus: a case report and review of the literature. *Postepy Dermatol Alergol*. 2016;33(6):488-490. doi:10.5114/ada.2016.63890
26. Cakmak SK, Unal E, Gönül M, Yayla D, Ozhamam E. Lichen nitidus with involvement of the palms. *Pediatr Dermatol*. 2013;30(5):e100-1. doi: 10.1111/pde.12148
27. Ho JD, Al-Haseni A, Rosenbaum MT, Goldberg LJ. Hyperkeratotic and hypertrophic lichen nitidus. *Dermatol Online J*. 2017;23(10):13030/qt5t28j781.
28. LeWitt T, Quan VL, Yazdan P, Zhou XA. Perforating lichen nitidus. *JAAD Case Rep*. 2020;8:4-8. doi:10.1016/j.jdcr.2020.12.003
29. Oiso N, Kawada A. Blaschkolinear lichen nitidus. *Eur J Dermatol*. 2016;26(1):100-101. doi:10.1684/ejd.2015.2665
30. Podder I, Mohanty S, Chandra S, Gharami RC. Isolated palmar lichen nitidus -A diagnostic challenge: First case from Eastern India. *Indian J Dermatol*. 2015;60(3):308-309. doi:10.4103/0019-5154.156398
31. Singh S, Singh A, Mallick S, Arava S, Ramam M. Lichenoid pseudovesicular papular eruption on nose: A papular facial dermatosis probably related to actinic lichen nitidus or micropapular View Keywords ous light eruption. *Indian J Dermatol Venereol Leprol*. 2019;85(6):597-604. doi: 10.4103/ijdvl.IJDVL\_347\_18.

32. Taneja N, Mehta N, Arava S, Gupta V. An unusual variant of lichen nitidus: Generalized follicular spinous with perifollicular granulomas. *J Cutan Pathol.* 2020;47(9):834-839. doi:10.1111/cup.13712
33. Malakar S, Save S, Mehta P. Brown shadow in lichen nitidus: A dermoscopic marker! *Indian Dermatol Online J.* 2018;9(6):479-480. doi:10.4103/idoj.IDOJ\_338\_17
34. Dai H, Jiang HY, Xu AE. In vivo reflectance confocal microscopy for evaluating seborrheic keratosis, verruca plana, syringoma and lichen nitidus. *Skin Res Technol.* 2020 Nov 11. doi: 10.1111/srt.12934. Online ahead of print.

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