

RESEARCH ARTICLE

AN UNUSUAL OCCURRENCE OF EXTENSIVE LICHEN PLANUS DURING ANTI-TUBERCULAR THERAPY: A CASE REPORT

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ABSTRACT

Lichen planus is a chronic inflammatory mucocutaneous disorder. Lichenoid drug eruption/Drug induced lichen planus is an uncommon adverse effect of several drugs. Lichen planus can be distinguished from Lichenoid drug eruption by clinical and microscopic features. Although lichenoid drug eruptions are known adverse effects of anti-tubercular therapy (ATT), idiopathic lichen planus associated with ATT is rarely reported. A 72-year-old male, diagnosed case of lumbar canal stenosis with L2-L3 tubercular spondylodiscitis was started on ATT. Five months later, he developed intensely pruritic violaceous papules all over the body with oral mucosal involvement. Based on history and clinical appearance of lesion, the diagnosis of lichen planus was made. Dermatology consultation was taken and patient was managed with corticosteroids and dapsone, with continuation of ATT. On follow up there was significant symptomatic improvement. Lichen planus should be considered in patients receiving ATT who develop characteristic skin lesions, particularly when oral mucosal involvement is present. Early recognition and dermatological evaluation are essential for appropriate management.

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INTRODUCTION

Lichen Planus is a chronic inflammatory autoimmune disease occurring in 0.1 to 4% of general population. (Ismail SB *et al.*, 2007). Lichen Planus can appear at any age, butmost cases occur between 30 and 60 years of age (Zakrzewska *et al.*, 2005). Drug-induced lichenoid eruptions are well-recognized adverse effects of several medications, including anti-tubercular agents such as isoniazid, ethambutol, pyrazinamide, and streptomycin (Thompson DE *et al.*, 1994). Clinically and histopathologically, these reactions may closely resemble idiopathic lichen planus, making diagnosis challenging. Idiopathic lichen planus developing during anti-tubercular therapy is rare, with only a few cases reported in the literature (Swetha *et al.*, 2020). We report a rare case of lichen planus occurring during anti-tubercular therapy in a patient with tubercular spondylodiscitis.

CASE PRESENTATION

A 72-year-old male, a known case of type 2 diabetes mellitus and systemic hypertension, was diagnosed with lumbar canal stenosis associated with L2–L3 tubercular spondylodiscitis. He underwent L2–L3 decompressive laminectomy with pedicle screw and rod fixation. Subsequently, anti-tubercular therapy comprising isoniazid, rifampicin, pyrazinamide, and

ethambutol was initiated. After nearly five months of treatment, he presented with intensely pruritic lesions distributed all over the body. The lesions first appeared on the extremities which progressed to involve the whole body with tongue and oral mucosa over a period of 1 month. There was no prior history of similar cutaneous or mucosal lesions before initiation of therapy. On examination, multiple violaceous papules and plaques were present all over the body with involvement of the tongue and the oral mucosa (Fig.1-4). Dermatological evaluation was sought, and a provisional diagnosis of lichenoid drug eruption secondary to anti-tubercular therapy was considered. However, the presence of oral mucosal lesions, which are uncommon in lichenoid drug eruptions, favored a diagnosis of lichen planus. The diagnosis was made without histopathological examination because the patient refused a biopsy. The patient was treated with corticosteroids and dapsone, resulting in significant improvement in pruritus and cutaneous lesions on follow up. Anti-tubercular therapy was continued and he completed the course of twelve months.

DISCUSSION

Lichen planus is a chronic inflammatory disorder that may affect the skin, oral mucosa, scalp, and nails. Oral lesions occur in a substantial proportion of patients and may present with or without cutaneous involvement.



Fig.1. Violaceous papules and plaques involving extremities and abdomen.



Fig.2. Violaceous papules and plaques Involving back.



Fig.3. Oral cavity examination revealing Lichen Planus involving tongue and mucosa.



Fig.4. Violaceous papules involving scalp.

Pruritus is a common symptom, although its severity varies among individuals (Le Cleach *et al.*, 2012). Drug-induced lichen planus and lichenoid drug eruptions are clinically and histopathologically similar to idiopathic lichen planus. Differentiation between the two entities is often challenging and relies largely on the temporal relationship between drug exposure and onset of lesions (Ismail *et al.*, 2007). In many cases, a definitive diagnosis cannot be established unless rechallenge is performed, which is rarely feasible in clinical practice (Thompson *et al.*, 1994). Several anti-tubercular drugs have been implicated in the development of lichenoid eruptions, including isoniazid, ethambutol, pyrazinamide, and streptomycin (Swetha *et al.*, 2020). The latent period between initiation of therapy and appearance of lesions is variable and may range from 1 or 2 weeks (Wintroub *et al.*, 1987) or up to 1 month (De Swarte, 1984). Idiopathic lichen planus commonly involves the flexor surfaces and oral mucosa, whereas lichenoid drug eruptions tend to occur on the trunk and extremities and are less frequently associated with oral mucosal involvement (Ismail SB *et al.*, 2007).

In the present case, the patient developed intensely pruritic violaceous papules following initiation of anti-tubercular therapy. Based on the history and the clinical appearance of the lesion, the diagnosis of lichen planus was made. The histopathological examination was not done because the patient refused a biopsy. The patient showed clinical improvement following treatment with corticosteroids and dapsone. This case highlights the importance of considering lichen planus in patients receiving anti-tubercular therapy who develop persistent pruritic eruptions. Early dermatological evaluation and histopathological confirmation are essential for accurate diagnosis and appropriate management while ensuring continuation of anti-tubercular therapy whenever possible.

REFERENCES

1. Ismail SB, Kumar SK, Zain RB (2007), Oral lichen lichenoid reactions: etiopathogenesis, diagnosis, management and malignant transformation, *J Oral Sci.*, Vol. 49, No. 2, pp. 89-106.

2. Zakrzewska JM, Chan ES, Thornhill MH (2005), A systematic review of placebo-controlled randomized clinical trials of treatments used in oral lichen planus, *Br J Dermatol.*, Vol. 153, No. 2, pp. 336-341.
3. Thompson DE, Skaehill PA (1994), Drug-induced lichen planus, *Pharmacotherapy*, Vol. 14, No. 5, pp. 561-571.
4. Swetha P, Ananthaxmi, Hima B, Aruna S(2020), A rare case of extensive lichen planus eruption during fixed dose regimen of anti-tubercular therapy, *Sch J App Med Sci.*, Vol. 8, No. 1, pp. 293-295.
5. Le Cleach L, Chosidow O (2012), Lichen planus, *N Engl J Med.*, Vol. 366, No. 8, pp. 723-732.
6. Wintroub BU, Stern RS, Arndt KA (1987), Cutaneous reactions to drugs. In: Fitzpatrick TB, Eisen AZ, Wolff K, eds *Dermatology in general medicine*, 3rded, New York, Mc Graw-Hill, pp. 1353-1366.
7. De Swarte RD (1984), Drug allergy-problems and strategies, *J Allergy Clin Immunol.*, Vol 74, pp. 209- 224.
