

**Sri Lakshmi Narayana Institute of Medical sciences**



Date-21-10-19

From  
Dr. K. Harsha Vardhan  
Professor and Head,  
Department of dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

To  
The Dean  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

**Sub: Permission to conduct value-added course: Lichen planus**

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: Lichen planus on 20-11-2019. We solicit your kind permission for the same.

Kind Regards

Dr. K. Harsha Vardhan

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**FOR THE USE OF DEANS OFFICE**

Names of Committee members for evaluating the course:

The Dean: Dr. Jayalakshmi

The HOD: Dr. A. Buvanaratchagan

The Expert: Dr. A. Buvanaratchagan

The committee has discussed about the course and is approved.

**Dr. G. JAYALAKSHMI** BSC., MBBS., DTCD., M.D.,  
**DEAN**  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Agaram, Kudapakkam Post,  
Villanur Commune, Puducherry - 605502.

Subject Expert

HOD

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**PROFESSOR & HEAD**  
DEPT. OF DERMATOLOGY  
SRI LAKSHMI NARAYANA INSTITUTE OF  
MEDICAL SCIENCES  
OSUDU, PUDUCHERRY

Subject Expert

**PROFESSOR & HEAD**  
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HOD



OFFICE OF THE DEAN

## Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,  
PUDUCHERRY - 605 502.

[ Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME ( P -II ) dt. 11/07/2011 ]  
[ Affiliated to Bharath University, Chennai - TN ]

### Circular

28.10.2019

#### **Sub: Organising Value-added Course: Lichen Planus( Nov 2019 – Feb- 2020)**

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing “**Lichen Planus**”. The course content is enclosed below.”

The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 13-11-2019. Applications received after the mentioned date shall not be entertained under any circumstances.

**Dr. G. JAYALAKSHMI**, MBBS., DTCD., M.D.,  
**DEAN**  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Agaram, Kudapakkam Post,  
Villianur Commune, Puducherry - 605502.

Encl: Copy of Course content

## Course Proposal

**Course Title:** lichen planus  
**Course Objective:** To review the causes, presentation and treatment of lichen planus  
**Course Outcome:** Completed  
**Course Audience:** second year mbbs students  
**Course Coordinator:** Dr. Bhuvanaratchagan  
**Course Faculties with Qualification and Designation:**  
**Dr. Bhuvanaratchagan**  
**Professor Department of Dermatology**  
**Course Curriculum/Topics with schedule (Min of 30 hours)**

SlNo	Date	Topic	Time	Hours	Lecture taken by
1	20-11-19	Introduction	4 to 6 pm	2hours	Dr. Bhuvanaratchagan
2	26-11-19	Pathogenesis	4:30 to 6:30 pm	2hours	Dr. Bhuvanaratchagan
3	29-11-19	etiology	5 to 7 pm	2hours	Dr. Bhuvanaratchagan
4	2-12-19	Triggers	4 to 6 pm	2hours	Dr. Bhuvanaratchagan
5	6-12-19	Types	4:30 to 6:30 pm	2hours	Dr. Bhuvanaratchagan
6	10-12-19	Clinical presentation	5 to 7 pm	2hours	Dr. Bhuvanaratchagan
7	13-12-19	Variants	5 to 7 pm	2hours	Dr. Bhuvanaratchagan
8	18-12-19	COMPLICATIONS	4 to 6 pm	2hours	Dr. Bhuvanaratchagan
9	23-12-19	Investigations	4:30 to 6:30 pm	2hours	Dr. Bhuvanaratchagan
10	27-12-19	General measures	5 to 7 pm	2hours	Dr. Bhuvanaratchagan
11	31-12-19	Treatment	5 to 7 pm	2hours	Dr. Bhuvanaratchagan
12	2-1-20	Other modalities of treatment	4 to 6 pm	2hours	Dr. Bhuvanaratchagan
13	6-1-20	Newer therapies	4:30 to 6:30 pm	2hours	Dr. Bhuvanaratchagan
14	10-1-20	Case discussion	5 to 7 pm	2hours	Dr. Bhuvanaratchagan
15	14-1-20	Q&A, mcqs	4 to 6 pm	2hours	Dr. Bhuvanaratchagan
			Total Hours	30	

### REFERENCE BOOKS:

**Rooks Textbook of dermatology 9th edition**  
**Fitzpatrick 's dermatology in general medicine 8th edition**

ABSTRACT-VALUE ADDED COURSE

**1. Name of the programme & Code**

Lichen planus and DR12

**2. Duration & Period**

30 hrs & Nov 2019 - Feb 2020

**3. Information Brochure and Course Content of Value Added Courses**

*Enclosed as Annexure- I*

**4. List of students enrolled**

*Enclosed as Annexure- II*

**5. Assessment procedures:**

Multiple choice questions- *Enclosed as Annexure- III*

**6. Course Feed Back**

*Enclosed as Annexure- IV*

**7. No. of times offered during the same year:**

Nov 2019 - Feb 2020

**8. Year of discontinuation: 2020**

**9. Summary report of each program year-wise**

Value Added Course- Nov 2019 - Feb 2020

Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year
1	DR12	Lichen planus	Dr. Buvanaratchagan	2 <sup>nd</sup> year MBBS	15 ( Nov 2019 - Feb 2020)

**10. Certificate model**

*Enclosed as Annexure- V*

Dr. Buvanaratchagan

**RESOURCE PERSON**  
**PROFESSOR & HEAD**  
DEPT. OF DERMATOLOGY  
SRI LAKSHMI NARAYANA INSTITUTE OF  
MEDICAL SCIENCES  
OSUDU PUDUCHERRY.

Dr. Buvanaratchagan

**COORDINATOR**  
**PROFESSOR & HEAD**  
DEPT. OF DERMATOLOGY  
SRI LAKSHMI NARAYANA INSTITUTE OF  
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OSUDU PUDUCHERRY.

**ANNEXURE-1**

**LICHEN PLANUS**



# PARTICIPANT HANDBOOK

## COURSE DETAILS

<b>Particulars</b>	<b>Description</b>
Course Title	Lichen planus – an overview
Course Code	DR12
Objective	<ol style="list-style-type: none"><li>1. To learn about the clinical features</li><li>2. To learn about the diagnosis</li><li>3. To learn about the treatment</li></ol>
Further learning opportunities	Recent advances in management
Key Competencies	To make a diagnosis and provide adequate treatment
Target Student	2nd MBBS Students
Duration	30hrs nov 2019 to feb 2020
Theory Session	10hrs
Practical Session	20hrs
Assessment Procedure	Multiple choice questions

## Introduction

Lichen Planus (leichen = tree moss, planus = flat) is an idiopathic, chronic inflammatory disorder that affects the skin

## Epidemiology

Incidence varies from 0.14% - 4%, higher prevalence in India.

$\frac{2}{3}^{\text{rd}}$  of cases occur in ages between 30-60yrs.

In children, only 1-4% of total LP cases have been reported. Positive

family history more common in such cases.

## Etiopathogenesis

The etiopathogenesis of LP is mostly unknown, however it is considered to be an autoimmune disorder.

The proposed Etiology includes:

— Idiopathic.

— Drugs.

— Infections & vaccination. (HCV, MMR, DPT)

— Associated with autoimmune disorders. (Ulcerative colitis, Type 2 DM, Myasthenia gravis, LE, Alopecia areata)

— Contact allergens

## Clinical Features

Classical lesions are violaceous, flat topped, polygonal papules and plaques that are extremely pruritic.

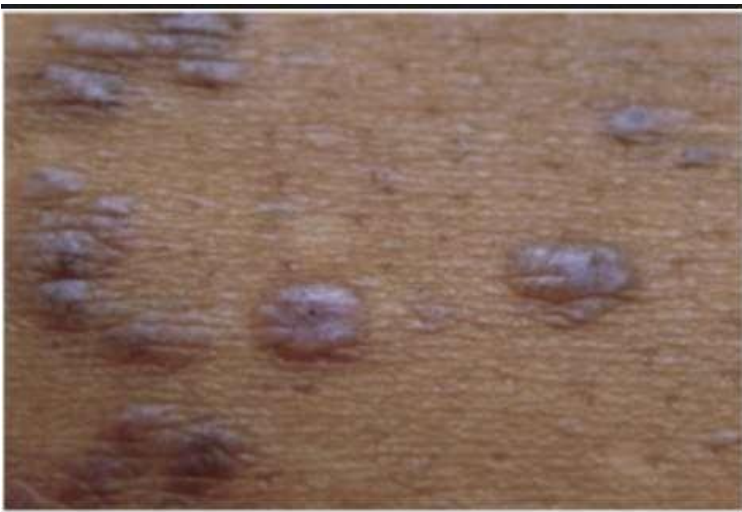
Fine whitish puncta or radiating reticulate networks k/a Wickham's striae are present over the surface of well developed papules. This corresponds to focal thickening of the granular layer.



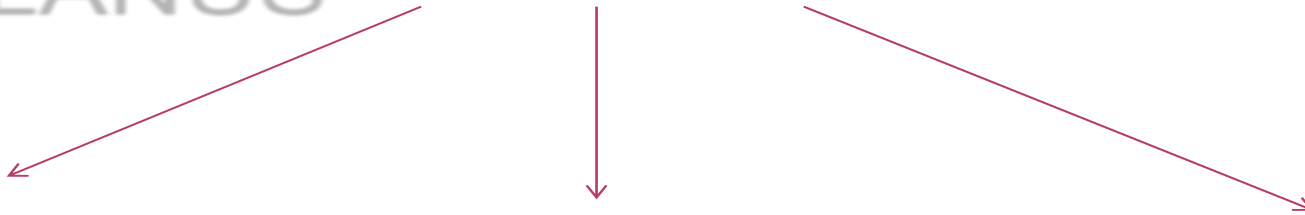
+ve Koebner's phenomenon (linear distribution of lesions following  
 trauma) – hallmark of Classical LP

Common sites : Flexors of wrists and forearms, dorsal surface of hands, ant. aspect of  
legs, neck and lowerback.

Lesions heal with hyperpigmentation.



# VARIANTS OF LICHEN PLANUS



## Configuration of lesions

- Annular LP
- Linear LP

## Morphology of Lesions

- a.** Hypertrophic LP
- b.** Atrophic LP
- c.** Vesicobullous LP
- d.** Erosive LP
- e.** LP pigmentosus
- f.** Actinic LP
- g.** Eruptive LP

## Site of Involvement

- a.** LP of Scalp
- b.** Mucosal LP
- c.** Nail LP (NLP)
- d.** Inverse LP
- e.** Palmoplantar LP

1. Annular LP

-Characterized by violaceous papules arranged in a ring like fashion or single large plaque with central clearing & active raised border.

-Usually seen on glans penis or trunk.

-Atrophic part shows flattened epidermis and loss of rete ridges.

-Annular Atrophic LP (AALP) is an unusual variant with both annular and atrophic features.



**Fig. 28.6:** LP: Annular lesions on the glans penis  
(Courtesy of Dr. Chetan Oberai, Mumbai).

2. Linear LP

- LP lesions occur in a linear fashion following lines of Blaschko

■ Typically seen on limbs.

■ More common in childhood.

-Rarely LP can occur in a linear fashion at the site of a healed herpes zoster scar. (k/a Isotopic response of Wolff)



3. Hypertrophic LP (LPVerrucosus)

- Extremely pruritic form of LP
- Hyperkeratotic plaques on shins and ankles.
- May coalesce to form thick verrucous plaque with central clearing
- Long standing cases can progress



4. Atrophic LP

-Usually occurs after resolution of typical LP

-Thinning of epidermis and fibrosis of papillary dermis.

-Lesions start as papules □ large plaque □ center becomes depressed and atrophic.

- Corticosteroids aggravate this type.



5. Vesicobullous LP
- Development of blisters within the papules of LP.
  - Occurs d/t severe liquefactive degeneration of the basal layer of epidermis i.e. exaggerated Max Joseph space causing sub-epidermal blister.



-

6. Erosive LP ( k/a UlcerativeLP)
- Usually seen on mucosal surfaces of oral cavity or genitalia.
  - Characterized by erosions on the surface of papular lesions.
  - It is an aggressive form and mayend fatally.





7. Pigmentosus

-Usually seen in skin types III and IV.

-Slate grey to brownish black macules on sun exposed areas and flexural folds.

-Different patterns of pigmentation can be seen □ diffuse (m/c), reticular, blotchy or perifollicular.



8. Actinic LP (k/a LP Tropicalisor Subtropicalis)

-Onset is usually in summer and lesions primarily involve sun exposed areas.

-Lesions are blue, brown plaques with annular configuration, atrophic centre and hypopigmented raised border.

— No pruritis.

— No Koebnerization.



9. Eruptive LP (k/acute/exanthematous LP)

- Widely distributed and disseminated lesions over trunk, inner aspect of wrist and dorsum of feet.
- Self limiting course.
- Heals with hyperpigmentation in 3-9



10. Lichen Planopilaris (k/a Follicular LP or LP of Scalp)

— F>M

-Characterized by chronic lymphocytic inflammation around the upper part of the hair follicle.

-Presents as irregular patchy hair loss with loss of follicular ostia.

— Underlying skin is hypopigmented.

-Perifollicular erythema and perifollicular scales are present at the periphery of the lesion.

Rare LPP variants are 1. Graham Little Picardi Lassueur Syndrome:

Triad of cicatricial alopecia of scalp, non scarring alopecia of axilla and pubis and perifollicular keratotic papules.

2. Frontal Fibrosing Alopecia (FFA):

Progressive & symmetrical band of frontal/ frontotemporal hair recession and loss of follicular orifices and perifollicular erythema around remaining hairs.



## ORAL LP

- Types: Reticular(m/c), Plaque like, Papular, Erosive, Atrophic and Bullous.
  - Sites affected are buccal mucosa,(m/c) lateral margins of tongue, gingiva, lips and hard palate.
  - Stress, spicy and acidic foods can cause flare ups of the disease.
  - Dental amalgams have been indicated in the pathogenesis of oral LP.
- 
- Reticular LP is characterized by irregular atrophic plaques with white streaks in a lacy pattern.
  - Erosive LP: large erythematous well defined erosions with or without pseudomembrane formation. Lesions are intensely painful.
  - Oral LP carries risk of Malignant transformation. (0.4%-1.5%)



## GENITAL LP

- Male genitalia are involved in 25% cases and the glans penis is most commonly affected with annular lesions frequently present.
- Vulval and vaginal LP is usually asymptomatic till erosions develop.
- Vulval intraoital lesions surrounded by white, lacy, reticulate borders are characteristic
- C/F – Burning, itching, pain, abnormal discharge and dyspareunia.



## ESOPHAGEAL LP

- Rare
- Suspected in middle aged women with oral LP with c/o dysphagia and odynophagia.
- Endoscopy shows lacy white papules, pin point erosions, desquamation, pseudomembranes and stenosis.
- Malignant transformation to SCC has been reported.

## 11. Nail LP (NLP)

- Nails are affected in 10% of LP patients.
- 50-60 yrs.
- fingernails affected more than toenails. A. Typical NLP : diffuse nail ridging, thinning of nail plate, distal splitting, (onychoschizia) and dorsal pterygium
- B. Trachonychia : nail roughness and excessive longitudinal ridging.
- C. Idiopathic atrophy of nails: acute and rapid course leading to nail destruction in a few months.

- Other nail findings yellow nail syndrome, nail bed erosions, longitudinal melanonychia and erythronychia.
- Pup tent sign – seen d/t nail bed involvement that elevates nail plate and may cause longitudinal splitting.





12. Inverse LP

-Unusual variant in which lesions are present in the intertriginous areas of axilla(m/c), groin, cubital and popliteal fossa.

-Reddish brown discrete papules and nodules are seen.



### 13. Palmoplantar LP

- young men, 20-40 years

-Highly pruriginous, erythematous scaly plaques with or without hyperkeratosis.

-Lesions are usually present on internal plantar arch and palms with sparing of fingertips



## Special forms of LP or Lichenoid Eruptions.

### Drug induced LP–

- May be localized or generalized with eczematous papules and plaques and variable desquamation.
- They typically manifest as PIH and alopecia and don't show Wickham's striae.
- The eruptions are symmetric on trunk and extremities.
- Photodistribution may be seen with some drugs.
- Most lesions disappear in 3-4 months, except Gold induced eruptions which may need up to 2 yrs after discontinuation.



#### *Common inducers*

- Gold salts
- $\beta$  blockers
- Antimalarials
- Diuretics; Thiazide, Furosemide, Spironolactone
- Penicillamine

#### *Less common*

- ACE inhibitors
- Calcium channel blockers
- Sulfonylurea
- Nonsteroidal anti-inflammatory drugs
- Ketoconazole
- Tetracycline
- Phenothiazine
- Sulfasalazine
- Carbamazepine
- Lithium
- Antituberculosis
- Iodides
- Radiocontrast media
- Radiotherapy
- Antipsoriatic therapy: Etanercept, Infliximab, Adalimumab
- Omalizumab

#### *Inducers of lichen planus by contact*

- Color film developers
- Dental restorative materials
- Musk ambrette
- Nickel
- Gold

#### *Inducers of photodistributed lichenoid eruption*

- 5-Fluorouracil (Efudex)
- Carbamazepine (Tegretol)
- Chlorpromazine (Compazine, Thorazine)
- Diazoxide (Proglycem)
- Ethambutol
- Pyritinol
- Quinine
- Quinidine (Quinaglute)
- Tetracycline
- Thiazide
- Furosemide (Lasix)

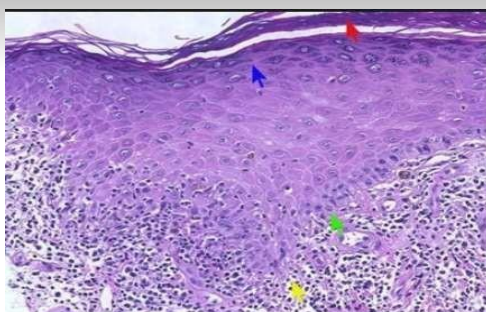
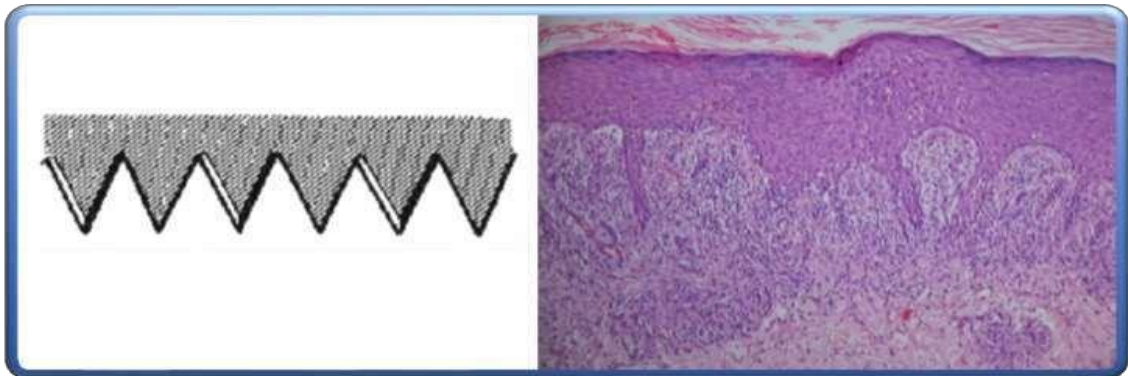
#### *Inducers of oral lichen planus and lichenoid eruption*

- Allopurinol (Zyloprim)
- ACE inhibitors
- Cyanamide
- Dental restorative materials, Mercury, Silver, Gold
- Gold salts
- Ketoconazole (Ketoconazole)
- Nonsteroidal anti-inflammatory drugs
- Penicillamines (Cuprimine)
- Sulphonylurea
- Interferon- $\alpha$  and Ribavirin

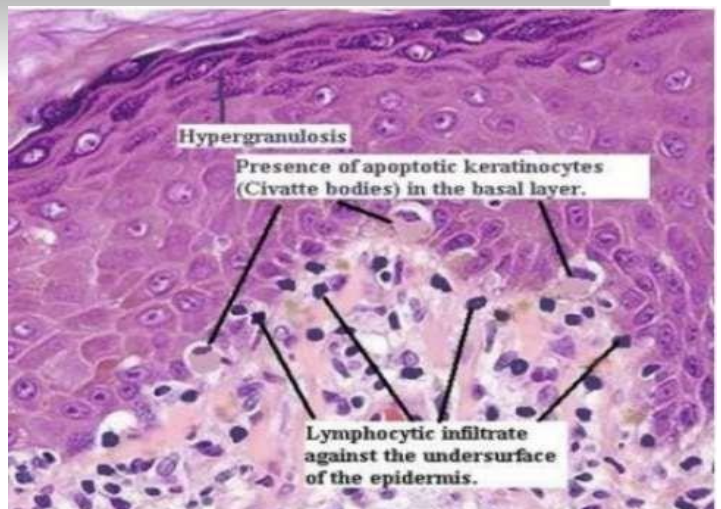
## Histopathological Examination

The epidermal changes include hyperkeratosis, wedge shaped areas of hypergranuloses, elongation of rete ridges (saw tooth pattern)

- Multiple apoptotic cells/ colloid-hyaline/ Civatte bodies are seen at the DEJ.
- Band like lymphocytic infiltrate seen in papillary dermis.
- Few eosinophils are seen in drug induced LP.
- Melanin pigmentation is more in older, waning lesions, in LP pigmentosus and darkskinned individuals.
- Max Joseph spaces (small separation between epidermis and dermis) can be seen d/t interface



- ▶ Hyperkeratosis
- ▶ Thickened granular layer
- ▶ Jagged outline of epidermis
- ▶ Lymphocytes obscuring the dermal-epidermal infiltrate



## Prognosis and Clinical Course

LP is an unpredictable disease that typically persists for 1-2 yrs but may follow a chronic relapsing course over the years.

The duration varies according to the site and extent of involvement.

The duration of the disease from shortest to longest is :

Generalized < Cutaneous < Cutaneous+ mucous membrane < Mucous membrane < Hypertrophic < Lichen

# Differential Diagnosis

## BOX 26-1 DIFFERENTIAL DIAGNOSIS OF LICHEN PLANUS

Classic	Psoriasis Drug eruption Lichen simplex chronicus
Annular	Granuloma annulare Tinea
Linear	Nevus unius lateris Lichen striatus Linear epidermal nevus
Hypertrophic	Lichen simplex chronicus Prurigo nodularis Lichenoid cutaneous amyloidosis Kaposi sarcoma
Atrophic	Lichen sclerosus
Follicular	Lichen nitidus Lichen spinulosus
Childhood	Lichen nitidus Lichen striatus Pityriasis lichenoides Papular acrodermatitis of childhood

## BOX 26-2 DIFFERENTIAL DIAGNOSIS OF SITE-SPECIFIC LICHEN PLANUS

Nail	Psoriasis Onychomycosis Alopecia areata
Genital	Psoriasis Seborrheic dermatitis
Palms and soles	Secondary syphilis
Lichen planopilaris	Cicatricial alopecia Lupus erythematosus Inflammatory folliculitis Alopecia areata Cicatricial pemphigoid Keratosis follicularis spinulosa decalvans
Mucosal	Paraneoplastic pemphigus Candidiasis Lupus erythematosus Leukokeratosis Secondary syphilis Traumatic patches

## TREATMENT OF CUTANEOUS LP

- Topical therapy
- Systemic therapy
- Physical/ Phototherapy

## GENERAL MEASURES

- Avoidance of sun in case of Actinic LP
- Stop offending Drug
- Treat the viral infection, if present.

## Topical Therapy

Potent glucocorticoids used for limited cutaneous disease

Calcineurin inhibitors eg. Tacrolimus, Pimecrolimus.

- Intralesional steroids – Triamcinolone acetonide (5-10mg/ml) may be used
- for treating Nail LP and hypertrophic LP (higher conc. of 10-20mg/ml) every 4 weeks.

## Phototherapy

Psoralens and PUVA is usually successful in generalised cutaneous LP.

It is used in conjunction with oral glucocorticoids for faster response.

- UV-B, both narrow and broad band are safe and efficient treatment
- options.

## Systemic Therapy

Systemic glucocorticoids are often useful in doses of 30-80mg/day of prednisone for 4-6 weeks with subsequent tapering over 4-6 weeks.

Retinoids: they have an anti-inflammatory activity.

- Acitretin 30mg/day for 8 weeks.
  - Tretinoin 10-30 mg/day
  - Low dose Etretinate 10-20mg/day for 4-6 months has shown complete remission in cutaneous, oral and nail LP



# TREATMENT OF ORAL LP

## General Measures

- Good oral hygiene.
  - Regular personal and professional dental care.
  - Replacement of amalgam or gold dental restorations.
  
- Avoid spicy food.

## Topical therapy

- Topical steroids: Triamcinolone acetonide 0.1%, Fluocinolone acetonide 0.1%, clobetasol proprionate 0.025% in an Orabase is effective.
  
- 4-6 times daily application
  - In case of co-infection with Candida, chlorhexidine gluconate mouthwash and topical anticandidal medications.
  
- Topical Tacrolimus effective in erosive mucosal disease provides relief from burning and pain.  
Pimecrolimus 1% cream is also equally effective.
  
- Retinoids – topical tretinoin gel is effective in erosive as well as plaque like oral lesions.  
  
Isotretinoin gel is effective in non erosive esions as well.

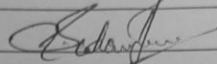
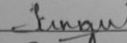
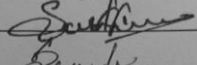
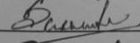
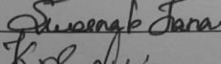
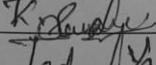
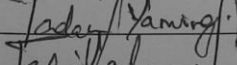
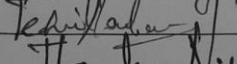
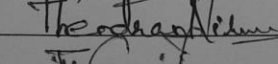
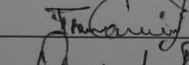
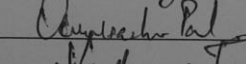
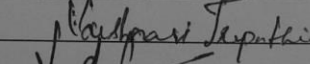
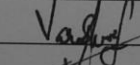
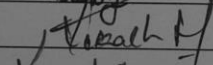
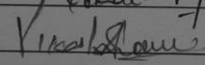
Annexure 2

**Bharath Institute of Higher Education and Research**

Sri Lakshmi Narayana Institute of Medical Sciences

Participant list of Value-added course: **LICHEN PLANUS- DR12**

( Nov 2019 – Feb- 2020)

2 <sup>nd</sup> Year MBBS Student			
Sl. No	Name of the Student	Reg No	Signature
1	SUHAIL AHMAD	U18MB381	
2	SUMAN KALYAN SAHOO	U18MB382	
3	SUSMITA KHAN	U18MB383	
4	SWAPNIL	U18MB384	
5	SWARNAB JANA	U18MB385	
6	SWATHI .K	U18MB386	
7	TADAR YAMING	U18MB387	
8	TECHI NADAM	U18MB388	
9	THENDRAL NILAVAN .M	U18MB389	
10	TINA CAROLINE J	U18MB390	
11	URVASHI PAL	U18MB391	
12	VAISHNAVI TRIPATHI	U18MB 392	
13	VARSHITHA N	U18MB393	
14	VIKAASH M	U18MB394	
15	VIKASHORAN	U18MB395	

Dr. A. BUVANARATCHAGAN, MD.,  
Reg. No: 37150  
Asso. Professor, Dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Kudapakkam, Puducherry-605 502.  
Dr. Buvanaratchagan

**RESOURCE PERSON**

Dr. A. BUVANARATCHAGAN, MD.,  
Reg. No: 37150  
Asso. Professor, Dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Osudu, Kudapakkam, Puducherry-605 502.  
Dr. Buvanaratchagan

**COORDINATOR**

ANNEXURE-3



SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

LICHEN PLANUS

Annexure - III

MULTIPLE CHOICE QUESTIONS

Course code: DR12

ANSWER ALL QUESTIONS

1. Pterygium of nail is characteristically seen in:

- A. Lichen planus
- B. Psoriasis
- C. Tinea unguium
- D. Alopecia areata

2. Wickham's striae are seen in

- A. Lichen nitidus
- B. Lichen scrofulosum
- C. Lichen planus
- D. DLE

3. About micro-munor abscesses which of the following statements are true -

- A. Seen in stratus corneum
- B. Seen in psoriasis
- C. Contain neutrophils only
- D. All of the above

4. A 30 year old male presents with pruritic flat-topped polygonal, shiny violaceous papules with flexural distribution. The most likely diagnosis is

- A. Psoriasis
- B. Pityriasis rosea
- C. lichen planus
- D. Lichenoid dermatitis

5. Compy's sign (white patches due to degenerated squamous epithelium occurring on buccal Mucosae and gums) is seen in

- A. Moniliasis
- B. Pemphigus
- C. Lichen planus
- D. Measles

6. which of the following does not exhibit lichenoid tissue reaction

- A. erythema multiforme
- B. secondary syphilis
- C. lichen planus
- D. leukoplakia

7. Which of the following is wrong statement?

- A. Koilonychias in Vit B12 deficiency
- B. Onycholysis in Psoriasis
- C. Mees lines in Arsenic poisoning
- D. Pterygium of nails in Lichen Planus

8. psoriatic arthropathy has all features except

- A. arthritis precedes or follows
- B. seronegative
- C. more nail dystrophy is seen than skin plaques
- D. cardiac valve involvement is common

9. pseudorhagade are seen in

- A. lichen planus
- B. ectodermal dysplasia
- C. congenital syphilis
- D. pemphigus

10. Degeneration of basal cells occur in a) b c)

- A. Lichen planus
- B. pemphigus
- C. psoriasis
- D. all of the above

ANNEXURE-3



SRI LAKSHMI NARAYANA INSTITUTE OF  
MEDICAL SCIENCES

LICHEN PLANUS      Annexure - III

MULTIPLE CHOICE QUESTIONS

*Susmita Khan*

Course code: DR12

ANSWER ALL QUESTIONS

1. Pterygium of nail is characteristically seen in:

- A. Lichen planus
- B. Psoriasis
- C. Tinea unguium
- D. Alopecia areata

2. Wickham's striae are seen in

- A. Lichen nitidus
- B. Lichen scrofulosum
- C. Lichen planus
- D. DLE

3. About micro-munor abscesses which of the following statements are true -

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- A. Psoriasis
- B. Pityriasis rosea
- C. lichen planus
- D. Lichenoid dermatitis

10  
10

*Susmita Khan*  
14/11/20

5. Comby's sign (white patches due to degenerated squamous epithelium occurring on buccal Mucosae and gums) is seen in

- A. Moniliasis
- B. Pemphigus
- ~~C. Lichen planus~~
- D. Measles

6. which of the following does not exhibit lichenoid tissue reaction

- A. erythema multiforme
- B. secondary syphilis
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- B. ectodermal dysplasia
- C. congenital syphilis
- D. pemphigus

10. Degeneration of basal cells occur in a) b c)

- A. Lichen planus
- B. pemphigus
- C. psoriasis
- ~~D. all of the above~~

ANNEXURE-3



SRI LAKSHMI NARAYANA INSTITUTE OF  
MEDICAL SCIENCES

LICHEN PLANUS      Annexure - III

MULTIPLE CHOICE QUESTIONS

Course code: DR12

ANSWER ALL QUESTIONS

Swapnil

1. Pterygium of nail is characteristically seen in:

- A. Lichen planus
- B. Psoriasis
- C. Tinea unguium
- D. Alopecia areata

2. Wickham's striae are seen in

- A. Lichen nitidus
- B. Lichen scrofulosum
- C. Lichen planus
- D. DLE

9  
10

Swapnil  
14/1/20

3. About micro-munor abscesses which of the following statements are true -

- A. Seen in stratus corneum
- B. Seen in psoriasis
- C. Contain neutrophils only
- D. All of the above

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- C. lichen planus
- D. Lichenoid dermatitis

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- ~~C. Lichen planus~~
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6. which of the following does not exhibit lichenoid tissue reaction

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- ~~D. leukoplakia~~

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- ~~C. more nail dystrophy is seen than skin plaques~~
- D. cardiac valve involvement is common

9. pseudorhagade are seen in

- ~~A. lichen planus~~
- B. ectodermal dysplasia
- C. congenital syphilis
- D. pemphigus

10. Degeneration of basal cells occur in a) b c)

- A. Lichen planus
- B. pemphigus
- C. psoriasis
- ~~D. all of the above~~



**ANNEXURE-4**

**Student Feedback Form**

Course Name: **LICHEN PLANUS**

Subject Code: **DR12**

Name of Student: \_\_\_\_\_ Roll No.: \_\_\_\_\_

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					
2	Course contents met with your expectations					
3	Lecturer sequence was well planned					
4	Lectures were clear and easy to understand					
5	Teaching aids were effective					
6	Instructors encourage interaction and were helpful					
7	The level of the course					
8	Overall rating of the course	1	2	3	4	5

*\* Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory*

Suggestions if any:

Date:14-01-2020

Signature



**ANNEXURE-4**

**Student Feedback Form**

Course Name: **LICHEN PLANUS**

Subject Code: **DR12**

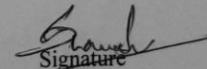
Name of Student: Swarnil Roll No.: U18MB384

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

SI. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					/
2	Course contents met with your expectations				/	
3	Lecturer sequence was well planned					/
4	Lectures were clear and easy to understand				/	
5	Teaching aids were effective					/
6	Instructors encourage interaction and were helpful				/	
7	The level of the course					/
8	Overall rating of the course	1	2	3	4	5

\* Rating: 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

  
Signature

Date:14-01-2020

**ANNEXURE-4**

**Student Feedback Form**

Course Name: **LICHEN PLANUS**

Subject Code: **DR12**

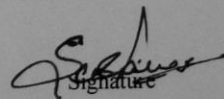
Name of Student: Susmita Khan Roll No.: U18MB223

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and suggestions will help us to improve our performance

Sl. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear			/		
2	Course contents met with your expectations				/	
3	Lecturer sequence was well planned					/
4	Lectures were clear and easy to understand				/	/
5	Teaching aids were effective				/	
6	Instructors encourage interaction and were helpful			/		
7	The level of the course				/	
8	Overall rating of the course	1	2	3	4	5

\* Rating: 5 - Outstanding; 4 - Excellent; 3 - Good; 2 - Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

  
Signature

Date: 14-01-2020





# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

(Deemed to be University under section 3 of the UGC Act 1956)



## CERTIFICATE OF MERIT

This is to certify that சுமதி காமா has actively participated in the Value

Added Course on *Lichen planus* held during Nov 2019- Feb 2020 Organized by Sri Lakshmi

Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

Dr. Buvanaratchagan  
Reg. No: 37160  
Sri Lakshmi Narayana Institute of Medical Sciences  
Coastal, Kudalpalaiyam, Pondicherry-605 502

RESOURCE PERSON

Dr. Buvanaratchagan  
Reg. No: 37160  
Sri Lakshmi Narayana Institute of Medical Sciences  
Coastal, Kudalpalaiyam, Pondicherry-605 502

COORDINATOR



# Sri Lakshmi Narayana Institute of Medical Sciences

Affiliated to Bharath Institute of Higher Education & Research

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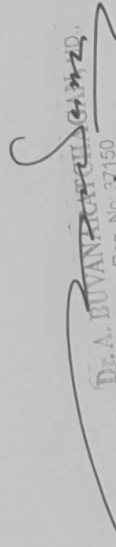


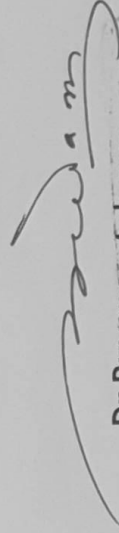
## CERTIFICATE OF MERIT

This is to certify that SWAPNIL has actively participated in the Value

Added Course on *Lichen planus* held during Nov 2019- Feb 2020 Organized by Sri Lakshmi

Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.

  
Dr. Buvanaratchagan  
Reg. No. 37150  
COORDINATOR  
Sri Lakshmi Narayana Institute of Medical Sciences  
Geetha, Kuyilakkam, Pudukkottai-605 502.  
**RESOURCE PERSON**

  
Dr. Buvanaratchagan  
Reg. No. 37150  
COORDINATOR  
Sri Lakshmi Narayana Institute of Medical Sciences  
Geetha, Kuyilakkam, Pudukkottai-605 502.

Course completion letter

Date:20-01-2020

From  
Dr. Bhuvanaratchagan  
Department of Dermatology  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research  
Chennai.

Through Proper Channel

To  
The Dean,  
Sri Lakshmi Narayana Institute of Medical Sciences  
Bharath Institute of Higher Education and Research,  
Chennai.

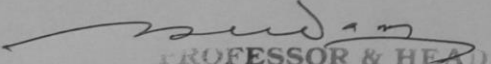
**Sub: Completion of value-added course: lichen planus**

Dear Sir,

With reference to the subject mentioned above, the department has conducted the value-added course titled: **lichen planus** on 20 11-19. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr. Bhuvanaratchagan

  
<HOD Sign and Seal> PROFESSOR & HEAD  
DEPT. OF DERMATOLOGY  
SRI LAKSHMI NARAYANA INSTITUTE OF  
MEDICAL SCIENCES  
OSUDU PUDUCHERRY.

Encl: Certificates

Photographs



