

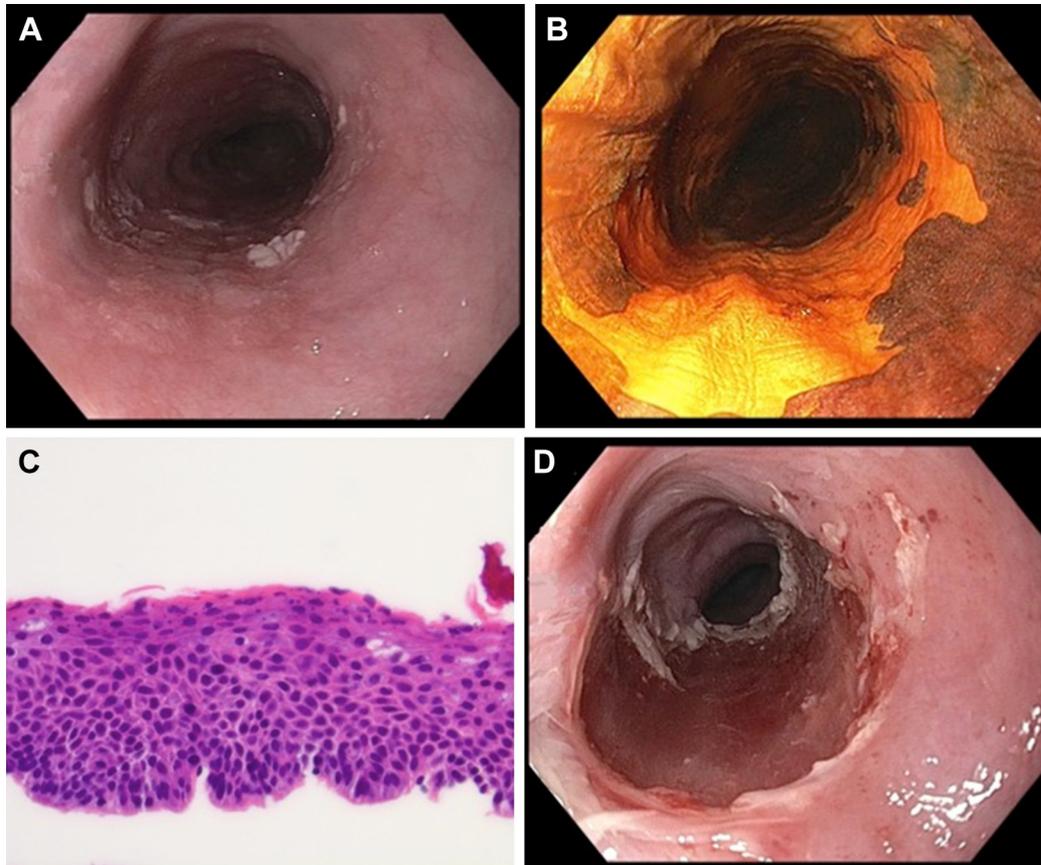
IMAGE OF THE MONTH

Esophageal Lichen Planus and Development of Dysplasia



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A 54-year-old woman with a 10-year history of esophageal lichen planus underwent an upper endoscopy because of a modest increase in dysphagia (Figure A). This revealed features of known lichen planus, including loss of normal vascular pattern and a whitish-lacy appearance without focal abnormalities, but random biopsies demonstrated high-grade dysplasia. For further evaluation, she underwent endoscopy with Lugol's staining that revealed an area of focal non-staining (Figure B), which was biopsied. Pathology again demonstrated high-grade dysplasia (Figure C). She then underwent endoscopic mucosal resection of the high-grade dysplasia (Figure D) with pathologic margins free of dysplasia and no evidence of invasive squamous cell carcinoma.

Lichen planus is an autoimmune mucocutaneous disorder that typically affects the skin, nails, hair, and mucous membranes such as the esophagus, affecting 0.5%–2% of

the general population. Esophageal involvement is most common in middle-aged white women and is frequently underdiagnosed during endoscopy. The endoscopic appearance can include loss of vascular pattern, thickened mucosa, or a whitish-lacy appearance, characteristically in the proximal and mid-esophagus. Lichen planus is associated with an increased risk of esophageal squamous cell carcinoma. Lugol's chromoendoscopy can help to delineate dysplastic mucosa or esophageal squamous cell carcinoma.

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Ethical Statement:

The corresponding author, on behalf of all authors, jointly and severally, certifies that their institution has approved the protocol for any investigation involving humans or animals and that all experimentation was conducted in conformity with ethical and humane principles of research.