

Lichenoid dermatitis is characterized by a band like inflammatory infiltrate in the superficial dermis parallel to the epidermis. In some cases the infiltrate abutts and obscures the dermal epidermal junction.

Table 15.1 Differential diagnosis of lichenoid dermatitis

	Lichen planus	Lichenoid drug reaction	Fixed drug eruption	Lichen striatus	Lichen nitidus	Lichenoid keratosis	Lichen sclerosus
Hyperkeratosis	+	+	+	+	+	+	+
Parakeratosis	-	+ Focal	-/+	+	+	+ Focal	-/+
Hypergranulosis	+ Wedge shaped	+ Wedge shaped	-	-	-	+	+
Acanthosis	+ Irregular	+ Irregular	+/-	+/-	- Atrophy	+/-	-
Cytoid bodies	+	+	+	+ and dyskeratosis	+	+	-
Lichenoid infiltrate	+	+	+	-/+	+	+	+
Adnexal involvement	-	-	-/+	+	-	-	-
Dermal eosinophils	-	+	-/+	-	-	-/+	-
Hyalinized cell poor dermis	-	-	-	-	-	-	+

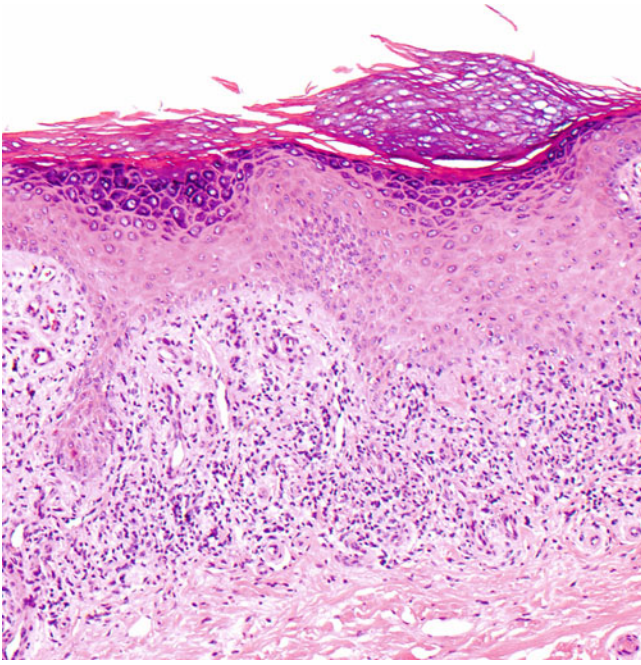


Fig. 15.1 Lichenoid dermatitis. There is wedge-shaped hypergranulosis with irregular epidermal hyperplasia and a band of inflammation along the epidermal base

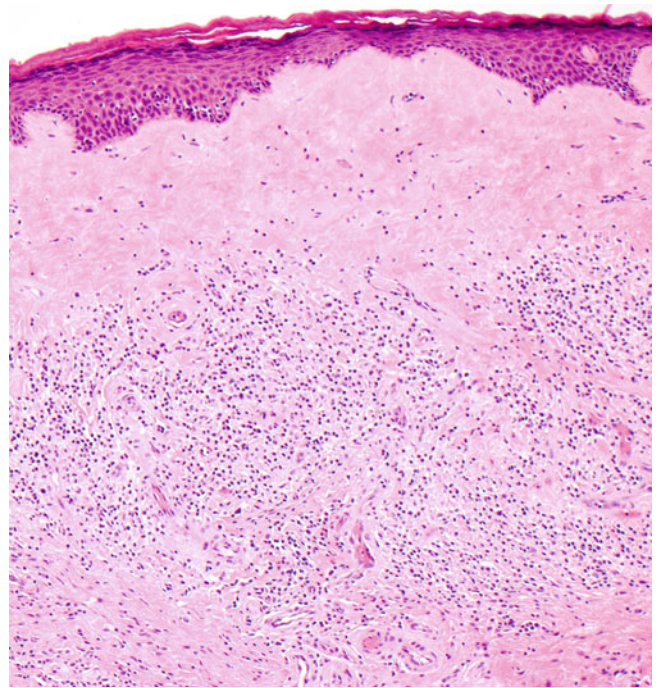


Fig. 15.3 Lichen sclerosis. There is eosinophilic homogenization of the subepidermal dermis with an underlying band of inflammation

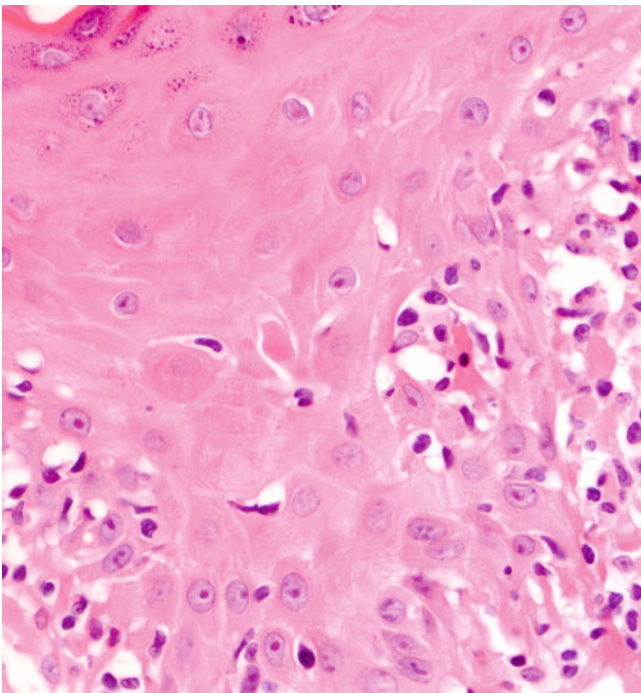


Fig. 15.2 Colloid bodies in lichen planus. The eosinophilic globules are extracellular and may be present in the epidermis or the superficial dermis, also known as Civatte bodies

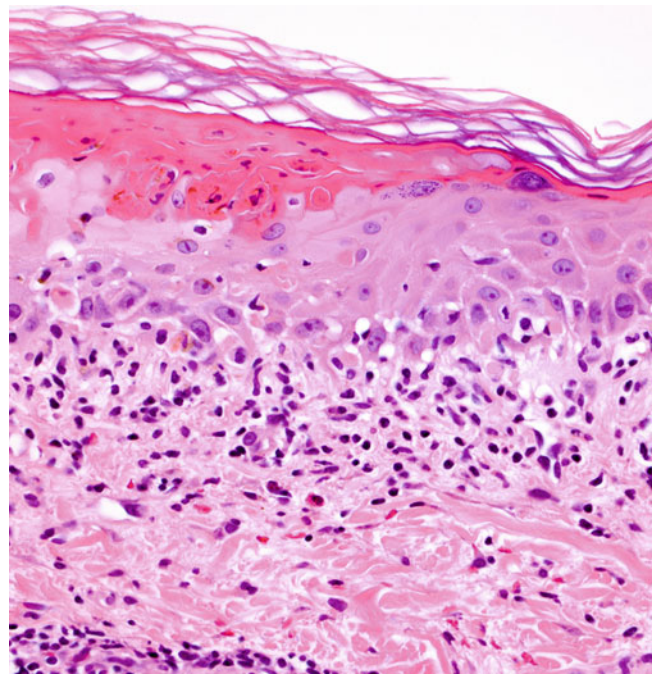


Fig. 15.4 Fixed drug reaction. There is extensive epidermal dyskeratosis and interface dermatitis that may have a dense lichenoid appearance