## [Narrow band UVB phototherapy in the treatment of widespread lichen planus]

[Article in French]

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INTRODUCTION: UVA phototherapy, acitretin and oral corticosteroids are currently the front-line treatment of disseminated cutaneous lichen planus. We studied the efficacy of narrow band UVB therapy in this indication. PATIENTS AND METHODS: We retrospectively studied the dossiers of patients suffering from disseminated cutaneous lichen planus, treated with narrow band phototherapy in the Phototherapy Unit of the University hospital in Montpellier, from May to November of the year 2001. Disseminated lichen planus was defined as lichen involving at least 20p. 100 of the skin surface. Twenty patients were included. UVB were applied thrice weekly using a Philips TL01 cubicle (311-313 nm). The protocol was that used for the treatment of psoriasis. We defined 4 types of response: complete response (disappearance of more than 90p. 100 of the lesions), partial response (disappearance of at least 50p. 100) poor response (improvement in 20 to 50p. 100) and failure (less than 20p. 100 reduction in the lesions). Assessment of relapses in the long term was made using a telephone survey among the patients treated or their physicians. RESULTS: Complete response was obtained in 11 out of the 20 patients (55p. 100) and partial response in 4 (20p. 100), corresponding to 75p. 100 of the responders. Response was obtained with a median delay of 3 months, ranging from 2 to 6 months, following a median of 30 sessions (12 to 50) and accumulated dose of UVB of 36 +/- 4.8 joules/cm2. The phototype, gender, age and duration of evolution before treatment did not influence the response. The relapse rate was and estimated 18p. 100 (2/11) 42 months after treatment had been stopped. DISCUSSION: In our opinion, these results underline the efficacy of narrow band UVB in the treatment of disseminated cutaneous lichen planus. They confirm those of earlier studies and are superimposable with those of oral UVA phototherapy.

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