A 42 year-old female patient presented with burning eye sensation, photophobia and decreased vision bilaterally for 2 days. She had been previously diagnosed with Lichen Planus (LP), with occasional, self-limiting episodes of violaceous pruritic plaques in the wrists and abdomen, the last of which occurred in the previous week.

At presentation, her best corrected visual acuity (BCVA) was 20/30 in the right eye (RE) and left eye (LE). Mild scarring on the wrists and lower abdomen was noted. On examination, there was bilaterally central anterior stromal haze, multiple subepithelial pigmented dots and fluorescein positive small, round lesions, some of which coalesced.

Anterior-segment Optical Coherence Tomography (AS-OCT) revealed bilaterally epithelial irregularity and scattered hyperreflectivity in the central anterior stroma.

The patient was treated topically with hydrocortisone sodium phosphate 0.335% 4 times daily and once-daily ointment of prednisolone 0.25% and chloramphenicol 1%.

In the next week there was progressive and complete resolution of her symptoms, improvement of BCVA to 20/20 in the RE and LE, no subepithelial pigmented lesions, anterior stromal edema or fluorescein positive lesions, the patient being tapered on topical corticosteroids.

There are few reported cases of corneal disease in LP, most of which associated with severe conjunctival and/or limbal stem cell disease, namely cicatricial conjunctivitis, symblepharon, semilunar keratinization, corneal neovascularization or persistent epithelial lesions.

To our knowledge, this is the first reported case of isolated corneal involvement of LP that was completely resolved with topical corticosteroids without sequelae.