A 64-year-old lady presents with dysphagia to solids and liquids. She has a past medical history of hypertension, Type II diabetes, and hyperlipidemia. She denies dysphagia to liquids. She reports meats and breads get stuck in her upper cervical region. She denies any history of aspiration pneumonia, no prior strokes, and no history of radiation exposure. She undergoes an upper endoscopy (See Image). Biopsies of the esophagus show eosinophilic hyaline ovoid bodies. What is the most likely diagnosis?

A. Eosinophilic esophagitis  
B. Lichen Planus  
C. Squamous cell cancer  
D. Pill esophagitis

**Answer: B**
Lichen planus is a chronic inflammatory disease that involves the skin, mucosae, nails and scalp. Esophageal lichen planus is a rarely reported manifestation of lichen planus, presenting itself commonly in middle-aged women, with symptoms such as dysphagia. Endoscopically, there are typically white streaks in a lacy pattern. Biopsies show Civatte bodies, which are eosinophilic hyaline ovoid bodies. There is an increased risk of squamous cell carcinoma with lichen planus.