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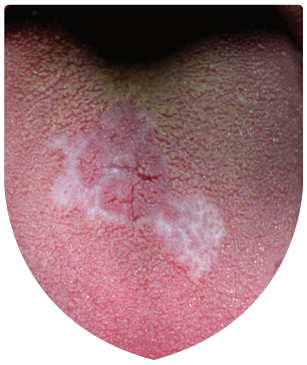
oral medicine

Oral lichen planus



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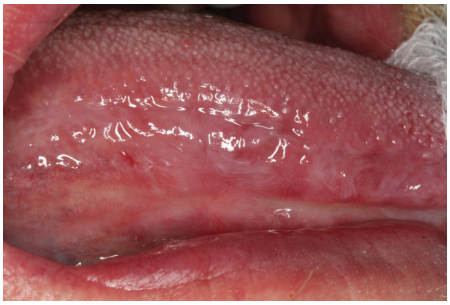
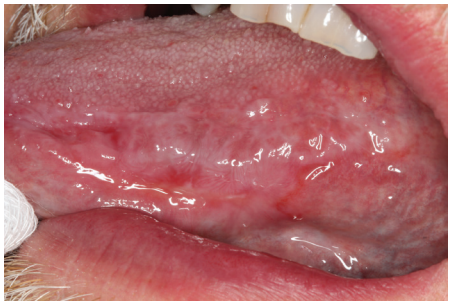
Oral lichen planus (OLP) is a chronic cutaneous inflammatory disease affecting the skin and/or oral mucosal surfaces. The prevalence rates are between 0.1-5% in the general population where it affects females more than males.[1]

OLP is immunologically mediated but the precise pathogenesis is still unclear, and thought to be multifactorial. It is not contagious and does not involve any known pathogen. The World Health Organization defined OLP as a potentially malignant disorder, associated with a small increased risk of oral cancer.[2] The malignant transformation rate in New Zealand data (OLP/OLL) was 2.8%.[3]

Clinical Presentation

Clinically, OLP may present as white striated, lace-like plaque, mixed white/red or erythematous lesions anywhere in the mouth.





Diagnosis

Based on clinical presentation and an incisional biopsy (gold standard) with specific histopathology showing a T-cell destruction at basement membrane level and direct immunofluorescence showing fibrinogen and complement deposition in the basement membrane zone.

Clinically these diagnoses may be labelled:

1. Oral Lichen Planus
2. Oral Lichenoid Lesions:
   a. Contact lesions (associated with dental materials),
   b. Medication-associated OLP (commonly NSAIDS, Anti Hypertensives and Anti diabetics)
   c. Lesions associated with Graft vs. Host disease

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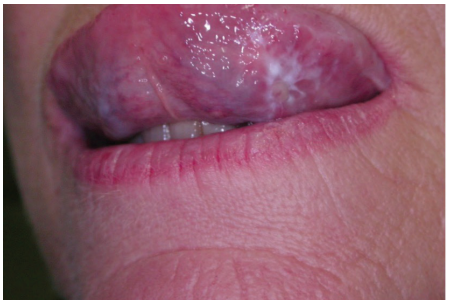
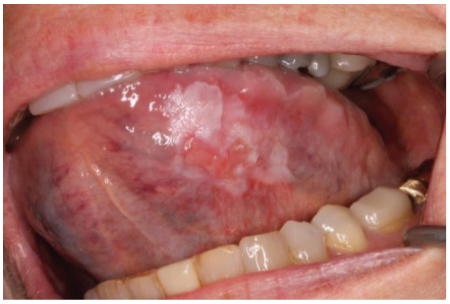
3. With or without the presence of dysplasia, however these lesions are not a distinct entity but OLP with features of dysplasia.[4]
4. A weak association has been suggested with hepatitis C

Management

1. Topical steroids +/- antifungals
2. Other immunosuppressant (such as Pimecrolimus)
3. Short term systemic steroids
4. Intra-lesional steroids
5. Regular review and further biopsy if change. It is important to know that these lesions can become dysplastic and an early biopsy will improve prognosis
6. Certain lifestyle changes can help to manage OLP, e.g. reducing stress, getting plenty of exercise.



October 2011 OLP



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2. Pindborg JJ, Wahi PN. Histological Typing of Cancer and Precancer of the Oral Mucosa. (2nd ed.), Springer, New York (1997).
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4. Farah C., Fox S., Shearston K., Newman L., Babic S., Vacher M.: Lichenoid dysplasia is not a distinct pathological entity. Oral Oncology 119 (2021) 105362