

Figure 1– Lace-like white streaks are seen on the inner surface of the cheek. Usually both sides of the mouth are affected.



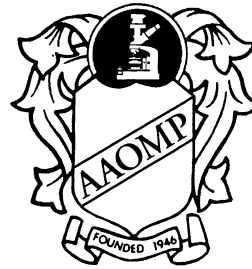
Figure 2 – Another patient with lace-like white streaks and patches of red, which indicate the beginning of an erosive phase of lichen planus.



Figure 3 – The side and undersurface of the tongue of this patient shows the lace-like white streaks of reticular lichen planus.



Figure 4 – The gum tissue of this patient appears very red due to involvement by erosive lichen planus.

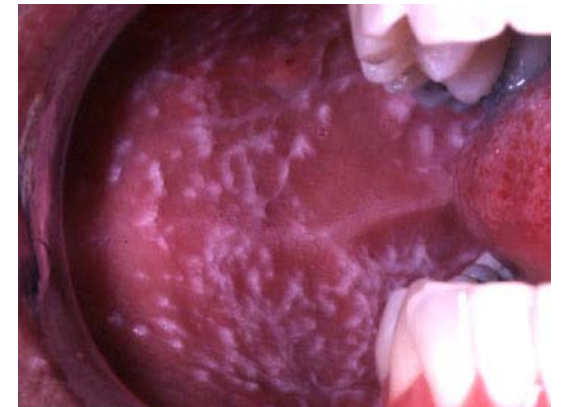


DIAGNOSIS • TREATMENT
EDUCATION & RESEARCH

© 2005 American Academy of
Oral and Maxillofacial Pathology

214 North Hale Street
Wheaton, IL 60187
Tel.: 630-510-4552
Fax: 630-510-4501
Toll Free: 888-552-2667
Email: aaomp@b-online.com
web site: www.aaomp.org

Lichen Planus



What is lichen planus (lye-ken plan-us)?

Lichen planus is a benign (not cancer) condition that affects either the skin or the lining of the mouth. Occasionally both areas will be affected. We don't know what causes lichen planus, but we do know that lichen planus is **not** caused by an infection (bacteria, virus or fungus) or any identifiable habit (smoking, foods, etc.). What we believe is happening in lichen planus is that the immune cells, which normally protect us by destroying bacteria or viruses, get confused and start attacking the skin or the lining of the mouth.

What does lichen planus look like?

On the skin, lichen planus appears as small, itchy, red-purple, flat-topped bumps that occur in clusters on the forearms and thighs primarily.

In the mouth, lichen planus may take on two basic forms:

- (1) Reticular lichen planus gets its name from the lace-like pattern of fine white lines that appear most commonly on the inside of the cheeks. It may also be seen on the gums and on the top of the tongue. Usually reticular lichen planus is asymptomatic (doesn't hurt), so it requires no treatment.
- (2) Erosive lichen planus gets its name from the erosions (areas where the lining of the mouth have been destroyed) that develop in this form

of the condition. These erosions, or sores, are usually rather tender or painful, particularly when acidic (orange juice, tomatoes), salty, or alcoholic foods or beverages come into contact with the sores. This form of lichen planus is less common than the reticular form. The areas of the mouth that are affected are the same, however (cheeks, tongue and gums). Sometimes a biopsy is necessary to help diagnose lichen planus.

Who gets lichen planus?

Lichen planus is almost always a problem that affects adults, with most patients being between 30 and 60 years of age. Women are affected slightly more often than men.

Can lichen planus be cured?

Because lichen planus isn't an infection like a strep throat, we can't prescribe an antibiotic and cause it to go away. In most cases, however, we can control the symptoms so the condition isn't uncomfortable. With the reticular form of lichen planus, no treatment is needed. Treatment of the more severe, erosive lichen planus requires the use of powerful topical (surface) anti-inflammatory drugs called corticosteroids (cortisone-type drugs). These drugs, when given in large doses over many days, may have many undesirable side effects, producing weight gain, diabetes, osteoporosis, high blood pressure, ulcers and mood changes, to name a few. In the doses required to control lichen planus,

however, these side effects rarely develop. One of the goals of treatment, of course, is to minimize the amount of drug needed to control the lichen planus. For this reason, we usually recommend starting treatment by applying a small amount of the corticosteroid medication only to the areas that are uncomfortable, and doing this at least four times each day, particularly after meals and at bedtime. Once the sores have started to heal (usually 3 – 6 days), you should reduce the number of daily applications gradually over a period of 2 – 3 weeks. If you can stop using the medication completely and still feel comfortable, that's fine, but don't be surprised if the condition flares up again. Just return to applying the corticosteroid four times daily.

What happens with lichen planus in the long-term?

According to one study, patients with oral lichen planus had the condition for an average of ten years, so it probably isn't going to disappear overnight. Basically, it's going to be a nuisance, but hopefully a controllable nuisance.

There have been occasional reports of cancer developing in erosive lichen planus, but most of these reports are questionable. If you notice a change in the usual appearance of your lichen planus or if you find that the medication isn't helping, make sure to come back and see us so we can re-evaluate the situation.

