
Oral Lichen Planus

What are the aims of this leaflet?

This leaflet has been written to help you understand more about oral lichen planus. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is oral lichen planus?

Lichen planus is an inflammatory condition of the skin but can also affect the mouth (oral lichen planus). Oral lichen planus may occur on its own or in combination with lichen planus of the skin, nails or genitals. It is thought to affect 1 to 2% per cent of the population, and typically it affects middle-aged and elderly women. Oral lichen planus can occur in men but children are rarely affected.

What causes oral lichen planus?

The cause of oral lichen planus is not known in most instances but it is likely to have something to do with the body's immune system. Oral lichen planus is not an infection and it is not contagious (cannot be passed from person to person). Some cases of lichen planus may be linked to chronic hepatitis C virus infection; this association is however uncommon in the UK. In a minority of cases, lesions which resemble those of lichen planus (oral lichenoid lesions) can be caused by some medicines e.g. some drugs prescribed for high blood pressure and diabetes, or by dental filling materials e.g. dental amalgam. It can be very difficult to distinguish oral lichenoid lesions from oral lichen planus.

Is oral lichen planus hereditary?

Although there may be a genetic basis, it is uncommon for more than one member of a family to be affected with oral lichen planus.

What are the symptoms of oral lichen planus?

The symptoms of oral lichen planus may include a burning or stinging discomfort in the mouth when eating or drinking. Mild cases may be symptom-free. Spicy foods, citrus fruits and alcohol can be particularly troublesome. If your gums are affected, they may become tender and tooth-brushing can be uncomfortable. Ulcers (often called erosions) may occur and these are especially painful.

What does oral lichen planus look like?

Typically, oral lichen planus presents as a white, lace-like pattern on the inner surfaces of the cheeks and tongue. However, it can appear as white and red patches or as areas of ulceration on the lining of the mouth. Involvement of the gums with oral lichen planus is known as “desquamative gingivitis”; this causes your gums to become red and shiny.

How is oral lichen planus diagnosed?

Your dentist or doctor may be able to make a diagnosis of oral lichen planus based solely on the appearance of your mouth. However, it is often necessary to take a small sample (biopsy) from an affected area inside the mouth for microscopic examination. A local anaesthetic injection to ‘numb’ the biopsy site is necessary for this procedure.

Can oral lichen planus be cured?

In most cases oral lichen planus cannot be cured, but may go away spontaneously. It tends to last longer than lichen planus of the skin and may persist for a number of years. However, there are treatments to dampen down the symptoms.

In rare cases where the lesions are thought to be caused by medicines or dental filling materials (oral lichenoid lesions), changing these may result in an improvement or resolution. These changes should only be undertaken with specialist advice and under medical supervision.

Is oral lichen planus serious?

In most patients oral lichen planus is not serious. However, an important, although uncommon, feature of oral lichen planus is a predisposition to cancerous change (about a 1% risk over a period of 10 years).

How can oral lichen planus be treated?

Mild cases of oral lichen planus may be symptom-free and treatment is not required. For lichen planus that is causing discomfort, the following topical treatments can be used:

For the mouth

- *Anaesthetic (analgesic) mouthwashes* are available if your mouth becomes sore and are particularly helpful if used before meals. Benzydamine (Difflam) mouthwash may be helpful.
- *Topical steroids* which can be applied locally to the mouth are helpful for most patients. These are available as mouthwashes, sprays, pastes and small pellets which dissolve in your mouth.
- *Topical steroids* are sometimes applied using a close-fitting mouthguard so the medication is held close to the affected gum
- *Topical tacrolimus* (an immunosuppressant drug) may also sometimes be used, applied locally to the mouth
- If your gums are affected (desquamative gingivitis), it is important that you keep your teeth as clean as possible by regular and effective tooth brushing. If not, a build-up of debris (*dental plaque*) can make your gum condition worse. Your dentist/ hygienist will be able to give oral hygiene advice and will arrange for scaling of your teeth as necessary.
- An *antiseptic mouthwash* or *gel* may be recommended to help with your plaque control, particularly at times when your gums are sore. Daily hydrogen peroxide mouthwash (Peroxyl) or occasional chlorhexidine (Corsodyl) twice per week are examples. If possible avoid a mouthwash containing alcohol.

For skin, scalp or genital lesions:

Corticosteroid ointments or creams are applied regularly

Systemic treatment

In severe cases of oral lichen planus, systemic treatment (taken by mouth) may be required for several months or years. Your specialist will discuss with you risks and benefits of the different drug options available. Regular blood tests are required, to screen for drug toxicity, when taking systemic drugs, particularly during the early stages of treatment.

- Oral corticosteroids may be used for a few months however long-term treatment with corticosteroid tablets has many potential side-effects and therefore precautionary measures are required (e.g. medication for bone protection)
- Other drug treatments which further 'dampen down' the immune system are added so that the dose of corticosteroid can be reduced as soon as possible. These include *azathioprine* and *mycophenolate mofetil*. They are usually well tolerated but also require careful monitoring and can be associated with a number of side-effects which should be discussed with your specialist. Regular blood tests are often required when taking these drugs, particularly during the early stages of treatment.

What can I do?

- Avoid spicy, acidic or salty foods if these make your mouth sore.
- Keep your teeth clean by using a soft brush and small interdental brushes
- Choose a toothpaste with a mild flavour and free from the foaming agent, sodium lauryl sulphate (SLS).
- In view of the small risk of cancerous change in oral lichen planus, it is important that you ensure that your mouth is checked on a regular basis by a dentist or oral specialist, so that any early changes can be spotted.
- It is advisable to stop smoking and reduce your alcohol intake to recommended limits (currently 14 units a week for both men and women) as these are the main risk factors for mouth cancer.

Where can I get more information about oral lichen planus?

www.aad.org/pamphlets/lichen.html

<http://www.bad.org.uk/for-the-public/patient-information-leaflets>

<http://www.mayoclinic.com/health/oral-lichen-planus/DS00784>

<http://www.emedicine.com/derm/TOPI663.HTM>

<http://www.dermnetnz.org/scaly/oral-lichen-planus.html>

www.uklp.org.uk (patient support group)

This leaflet has been prepared by the British Society for Oral Medicine (BSOM) in conjunction with the British Association of Dermatologists (www.bad.org.uk). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BSOM is not responsible for information on web sites where links are provided. This leaflet is available online at www.bsom.org.uk
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