

## Oral Lichen Planus

### **What is oral lichen planus?**

Oral lichen planus (OLP) is a benign, inflammatory condition of the mouth that occasionally (in 10% to 20% of patients) may involve the skin and genital areas. Middle-aged women are twice as likely to be affected as men. Sometimes the term “lichenoid” (which means lichen-like) “stomatitis” (inflammation of the mouth) is used to describe OLP. It means the same thing.

In the mouth, several forms of OLP have been recognized:

- 1) The most common form is the *reticular* form that looks like lacey white lines – usually on the inner cheek or the sides or top of the tongue. These are usually not painful and may have been there for a long time before the patient’s attention is drawn to it.
- 2) A second form is the *erosive* form. These look like raw, scraped, red areas and are often painful and sore, particularly when food comes into contact with it. Even so, faint subtle white lines may be seen at the periphery of the red areas. This form is particularly common on the gums.
- 3) A third form is the *ulcerative* type. This form probably overlaps with the erosive form and is generally painful. These sores may look like canker sores.

### **What causes lichen planus?**

Unfortunately, no one really knows what causes lichen planus. Some lesions of OLP (although not all), are a result of a hypersensitivity to a variety of substances, most commonly medications. Medications that can cause OLP include hydrochlorothiazide, beta-blockers, ACE-inhibitors, allopurinol, sulfapyridine, carbamazepine, and non-steroidal anti-inflammatory medications, just to name a few. As such, patients with high blood pressure, diabetes and arthritis, often develop OLP. OLP may also be seen in patients who are allergic to some dental filling materials (such as the mercury in silver fillings) although this is an uncommon cause for OLP. Patients with other conditions such as lupus or hepatitis C may also develop OLP in the mouth. However, many healthy patients may also develop it for no apparent reason. OLP is NOT infectious in nature. You **cannot** spread it to family members and friends.

### **How do we know it is lichen planus?**

Usually an experienced dental professional can diagnose OLP just by looking at its appearance, by observing the location of sores, and by taking a good history. This is particular true for the reticular type. In many cases though, OLP needs to be confirmed by doing a biopsy.

### **What to expect**

OLP tends to come and go. Some days it will feel better, and other days it may feel worse. It tends to get worse if your body is stressed, both physically (such as having a cold) and emotionally (work and family problems). As far as we know, OLP tends to stay with the patient for many decades. It may be helpful to think of it as behaving like eczema of the mouth.

## **Treatment**

There is no cure for OLP unless we find out for sure that you are allergic to something specific causing the OLP that we can eliminate from your body altogether. This is a rare occurrence. Even if you are perhaps reacting to one of your medications, changing to another medication in the same class will usually make little difference in your OLP.

However, we can treat the condition if it is painful and help it to settle down. This is done by applying an anti-inflammatory agent, such as a steroid, to it. The most effective one is fluocinonide gel (one brand of which is Lidex). Other steroid preparations are also available in the form of stronger gels (such as clobetasol gel), or even a steroid rinse (such as dexamethasone). In severe cases of OLP, steroid pills may need to be taken for several weeks to help resolve the lesions. If you are given a steroid preparation, please be aware that you may develop a yeast infection in your mouth when you use the steroid. Your doctor may prescribe an anti-yeast (anti-fungal) rinse (nystatin) or troche (clotrimazole) to treat the yeast infection. You are particularly susceptible to this if you have diabetes, or a history of yeast infections. Your doctor may also prescribe a topical anesthetic such as viscous lidocaine or Kaopectate or even Benadryl for pain control. A new non-steroidal anti-inflammatory medication called Protopic may also work for you.

When you are first diagnosed with OLP, you will use the steroid gel two or three times a day for several weeks. **You may notice on the packaging of the steroid that it reads “Not for internal use” or “For external use only”. Such topical steroids have been used for decades to treat OLP effectively. The warning is there because those steroids were not originally tested for treating OLP.**

After cleaning your mouth, dry the area with some cotton gauze, place a small amount of gel on a clean finger, and dab it onto the area of OLP that hurts, and then do not eat or drink for 30 minutes for the steroid to be absorbed. If you have OLP on the gums, it is helpful to get a bleaching tray made to hold the steroid gel. You should wear the tray with steroid in it for 30 min. 2-3 times a day. It will not hurt you to swallow some of this steroid. After it has been brought under control, you may treat flare-ups by using the gel two or three times a day for up to one week. It is a good idea to let your mouth rest rather than use the steroid continuously when you are not experiencing pain.

## **Lichen planus and oral cancer**

It is believed that there is only a slight link between OLP and oral cancer. In general, those with OLP who developed oral cancer smoked cigarettes and drank alcohol – the two biggest oral cancer risks. For patients who do not have either habit, the risk of development of oral cancer is probably between 0.1% and 0.2%, that is, 1 out of 500-1000 patients with OLP may develop cancer.

The most important thing you can do for yourself, therefore, is to go to your dental professional for regular dental care and check-ups. All dentists know how to perform a screening examination for oral cancer and will do this for you whenever you are there for your check-up, particularly if you ask for one. That way, any precancerous changes in the OLP can be caught early. In some cases, it may be necessary for you to have the OLP biopsied periodically. If you wish, you may be followed here at Brigham and Women's Hospital.