



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 (see patient information leaflet for lichen planus) but can also affect the mouth (oral lichen planus) and genital region. Oral lichen planus may occur on its own or in combination with lichen planus of the skin 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. It can occasionally be caused by certain medicines and materials in dental fillings. Oral lichen planus is not an infection and it is not contagious.

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 tongue and inner surfaces of the cheeks. 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. Occasionally, allergy testing may be suggested.

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 oral lichen planus is caused by medicines or materials in dental fillings, changing these may result in an improvement or resolution. These changes should only be undertaken with specialist advice and 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.

- *Anaesthetic (analgesic) mouthwashes* are available if your mouth becomes sore, and these are particularly helpful if used before meals.
- *Topical corticosteroids*, which can be applied locally to the mouth, are effective for most patients. These are available as mouthwashes, sprays, pastes and small dissolvable pellets. 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 you do not, a build-up of debris (known as plaque) can make your gum condition worse. Your dentist/dental 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.
- Severe cases of oral lichen planus may need treatment with a short course of *systemic steroids* (ie taken in tablet form). Long-term treatment with systemic steroids is not recommended because of the potential side effects.
- In a few cases, other types of *oral (systemic) drug treatment* may be required. These "dampen down" the oral lichen planus by suppressing the body's immune system. These can be associated with a number of side effects which should be discussed with your specialist. Regular blood tests are required when taking most of these drugs, particularly during the early stages of treatment.

What can I do?

The importance of maintaining a high standard of oral hygiene has already been emphasised, and you may wish to enlist the help of a dental hygienist. Some tooth pastes may aggravate your oral lichen planus, in which case your dentist may suggest an alternative. Avoid spicy, acidic or salty foods if these make your mouth sore. 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. Smoking and excessive amounts of alcohol are the main

risk factors for mouth cancer. It is advisable to stop smoking and confine your alcohol intake to recommended limits.

Where can I get more information about oral lichen planus?

Web links to detailed leaflets:

www.aad.org/pamphlets/lichen.html

<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)

(While every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor or dentist will be able to advise in greater detail.)

This patient information leaflet was written in conjunction with the British Association of Dermatologists (www.bad.org.uk).



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