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EROSIVE LICHEN PLANUS – A CASE REPORT

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ABSTRACT:

Lichen planus (LP) is a common disorder in which auto-cytotoxic T lymphocytes trigger apoptosis of epithelial cells leading to chronic inflammation. Oral Lichen Planus (OLP) can be a source of severe morbidity and has a small potential to be malignant. The diagnosis of OLP can be made from the clinical features if they are sufficiently characterized, but biopsy is recommended to confirm the diagnosis and to exclude dysplasia and malignancy. This is a case report of erosive lichen planus in a female patient, age 60 years.

Keywords: Lichen planus, Oral, Skin

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INTRODUCTION:

Oral lichen planus (OLP) is a common disorder that affects stratified squamous epithelium virtually exclusively. It is seen worldwide, mostly in the fifth to sixth decades of life, and is twice as common in women as in men [1]. This article is a case report of erosive lichen planus located in the buccal mucosa of a 60 year old female patient. The diagnostic approach, clinical feature and various treatment modalities are discussed.

CASE REPORT:

A 60 year old female patient from Kannur, Kerala presented with the chief complaint of burning sensation in the left side of the cheek for the past 12 years. The burning sensation is aggravated when eating spicy foods. There was no burning sensation in the eyes and other parts of the body. She consulted several physicians and in each case was prescribed various medications with no positive outcome. The clinical history indicated that the patient is hypertensive (for the past 12 years) and

diabetic (2 years). She was on appropriate medications for these conditions.

On intra oral examination, the Left buccal mucosa revealed a reddish lesion interspersed with greyish white lines (Figure 1).

Anterio-posteriorly, the lesion extended from left commissure to the retromolar area. Superio-inferiorly it extended up to the buccal vestibule. The lesion on palpation was tender (Visual Analog Scale 8), and non scrapable. No such lesion was seen elsewhere in the mucosa.

So based on the history given by the patient and the clinical examination carried out a provisional diagnosis of erosive lichen planus on left buccal mucosa was made. Punch biopsy was taken from the lesion under local anaesthesia, and the specimen was sent for histo-pathological examination.

Microscopically the section showed stratified squamous atrophic epithelium which was separated from connective tissue.

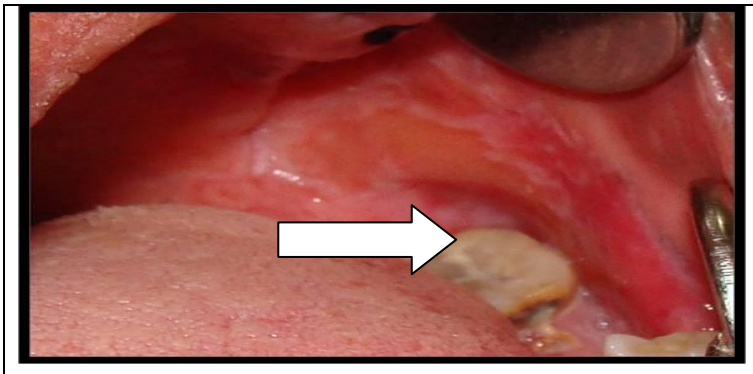

Figure 1: Red erosive areas seen on the buccal mucosa (Arrow)

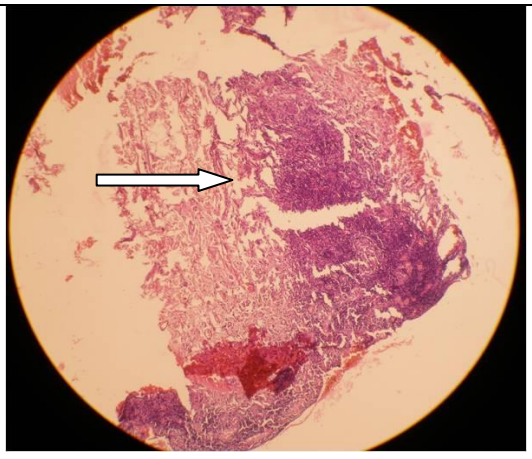

Figure 2: The connective tissue showed infiltration of lymphocytes & few eosinophils (Arrow)

The connective tissue showed infiltration of lymphocytes & few eosinophils (Figure 2). Final diagnosis of lichen planus was made. The patient was asked to apply triamcenolone acetonide 0.1 % ointment over the lesion three times a day for 3 weeks. Patient reported back after 3 weeks with complete healing of the lesion.

DISCUSSION:

Lichen planus is a benign condition that affects either the skin or the lining of the mouth. Erosive lichen planus is one type of lichen planus, although not as common as the reticular form, more significant for the patient because the lesions are usually symptomatic. Clinically, there are atrophic, erythematous aeas with central ulceration of varying degrees. The periphery of the atrophic regions is usually bordered by fine, white radiating striae [2]. OLP can present as small, raised, white, lacy lesions, papules, or plaques, and can resemble keratotic diseases such as leukoplakia [2]. Atrophic lesions and erosions are the forms most likely to cause pain. The most common sites affected are the buccal mucosae, tongue (mainly the dorsum), gingiva, labial mucosa, and vermilion of the lower lip [3]. About 10% of patients with OLP have the disease confined to the gingiva Erythematous lesions that affect the gingiva cause desquamative Gingivitis [4].

Malignant potential of OLP: At least three studies using strict diagnostic criteria have shown a significant risk of malignant transformation of OLP to squamous cell carcinoma [5]. Malignant potential of erosive lichen planus is more when compared to other types of lichen planus.

Diagnosis: OLP that presents with classic white lesions may be diagnosed correctly if there is classic skin or other extraoral lesions. However, an oral biopsy with histopathological examination is recommended both to confirm the clinical diagnosis and particularly to exclude dysplasia and malignancy.

Management of OLP: Treatment of OLP depends on symptoms, the extent of oral and extra-oral clinical involvement, medical history, and other factors. In the case of patients with lichenoid lesions, the suspected precipitant should be eliminated. Patients with reticular and other asymptomatic OLP lesions usually require no active treatment. Symptomatic lesions require treatment depending on their severity which can be divided into 3 steps namely primary, secondary and tertiary line of treatment [4]. Primary line of treatment is indicated for mild to moderate symptomatic cases, topical applications of Triamcinalone acitonide 0.1% cream or Fluocinonode 0.05% gel or Dexamithazone 0.5mg/5ml in orabase [4].

Secondary line of treatment is indicated for lesions which is not respond to topical treatment. In such cases Local Injection of 0.2

to 0.4ml Triamcinalone acitonide should be given or Systemic Prednisolone 40 to 80 mg daily is usually sufficient to achieve a response; drug toxicity requires that it should be used only when necessary, at the lowest dose, and for the shortest time, possible [4]. Systemic Prednisolone should be taken either for brief periods of time, (5–7 days) and the dose should be reduced by 5–10 mg/day gradually over 2–4 weeks [4]. Tertiary line of treatment should be used for severe cases that do not respond to short term prednisolone. More protracted course of Prednisolone should be given [5]. In order to reduce the side effects of corticosteroids, Immunosuppressant such as Azathioprine 50 to 100mg / day, cyclosporine 50mg should be prescribed [6,7].

Other Modalities: Resection has been recommended for isolated plaques or non-healing erosions, because it provides excellent tissue specimens for histopathological confirmation of diagnosis, and is said to cure localised lesions [8]. Free soft-tissue grafts have also been used for localised areas of erosive OLP [8].

CONCLUSION: OLP is an immunological disease which appears clinically in different types. The erosive lichen planus variant is one with highest malignant potential. It is important to identify the lesion clinically and histopathologically at the earliest and treat the condition in the early stage.

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