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# EROSIVE ORAL LICHEN PLANUS

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**ABSTRACT**

Lichen planus is a chronic, immunological disease that affects both skin and oral mucosa. There are different forms of oral lichen planus. Erosive oral lichen is one among the most symptomatic type which presents with extreme pain and causes much morbidity. The present communication reports about a patient with erosive oral lichen planus who was diagnosed and treated accordingly.

## INTRODUCTION

Lichen planus is a chronic autoimmune mucocutaneous disease. We hereby report a patient with erosive oral lichen planus who had extensive oral lesions with pain and burning sensation. She was treated with topical and systemic steroids coupled with other symptomatic therapy and complete remission was obtained.

## CASE REPORT

A 35 years old female patient reported with the chief complaint of burning sensation in lips and inner side of cheeks since 6 months. Extraoral examination revealed minimal papules over the skin of the trunk. Intraoral examination revealed diffuse erosive lesions and ulcerations over the bilateral buccal mucosa, upper and lower lip with involvement of lower and upper labial mucosa (Figure 1& 2). The patient was provisionally diagnosed to have erosive oral lichen planus. A differential diagnosis of lupus erythematosus and lichenoid reaction was considered.

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Incisional biopsy was done and the findings were consistent with lichen planus. Biopsy revealed hyperplastic squamous epithelium with saw tooth rete pegs and liquefactive degeneration of basal layer. Subepithelium showed inflammatory cell infiltrate with lymphocytes (Figure 3).

Local analgesic, anti-inflammatory gel was prescribed for topical pain relief. The patient was started on topical (0.1% triamcinolone acetonide) and systemic steroids (Prednisolone). After an initial control of the disease, gradual tapering of steroid was done. Antioxidant was also supplemented along with steroids. The patient recovered completely in 4 weeks. Complete remission of the lesions was noted (Figure 4 &5).

## DISCUSSION

Lichen planus is a chronic inflammatory disease affecting the oral mucosa and skin [1]. It has a strong female predilection and it affects 1-2% of general population [2]. Lichen planus elicits an abnormal T cell mediated immune response [3]. Stress, tobacco use, alcohol usage, dental procedures, hepatitis C virus infection, foods such as tomatoes, citric fruits etc have been implicated in the exacerbation of the disease [1].

There are different forms of Oral Lichen Planus like reticular, papular, annular, erosive, plaque like,

bullous etc [2]. Erosive lichen planus clinically presents with severe pain, bleeding, desquamation of epithelium leading to erosions of oral mucosa as in the present case. Erosive oral lichen planus causes considerable morbidity and poses a 1% risk of malignant transformation [4].

Various treatment modalities are available for the symptomatic management of erosive oral lichen planus. They include topical and systemic Steroids, Retenoids, Cyclosporine, Azathiopime, Thalidomide, Mycophenolate etc [4]. In the present clinical scenario, the patient was treated with topical and systemic steroids and the lesions subsided completely. Regular follow up of patients with erosive oral lichen planus is mandatory as there are chances of recurrence and malignant transformation.

**Figure 1. Erosive lesions in lip and labial mucosa**

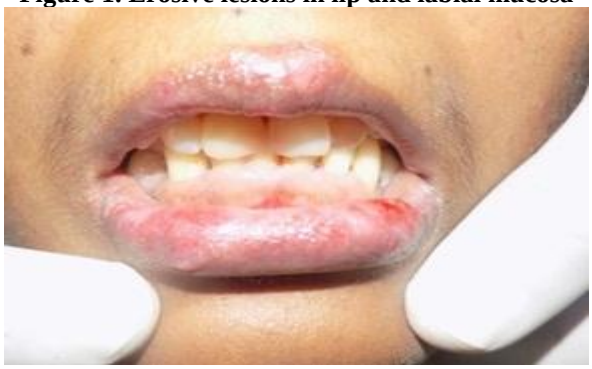


**Figure 2. Erosive lesions in buccal mucosa**

**Figure 3. Hyperplastic squamous epithelium and subepithelial inflammatory cell infiltrate with lymphocytes**

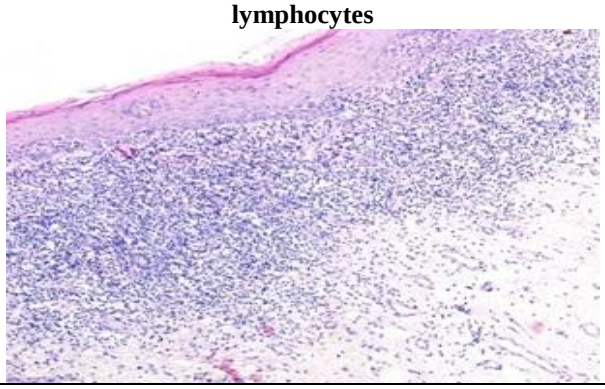


**Figure 4. Healed lip lesions**

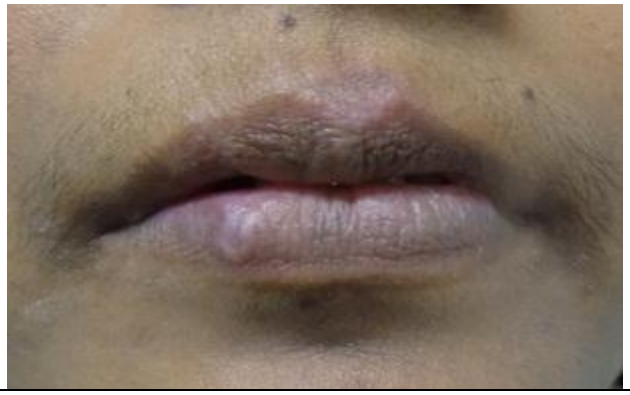
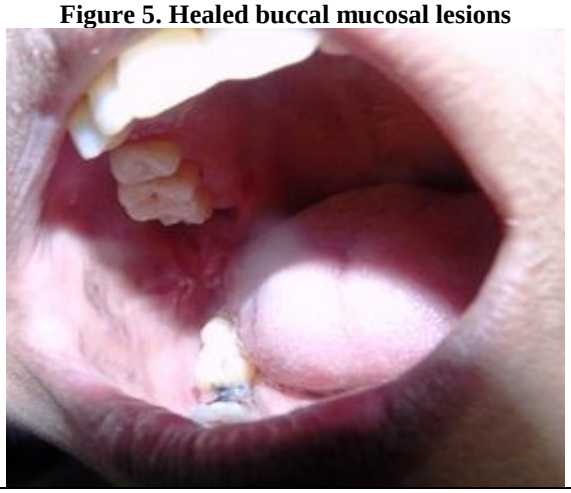


**Figure 5. Healed buccal mucosal lesions**



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