ORIGINAL ARTICLE

Oral Lichen Planus

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Abstract

In this study twenty patients of clinically diagnosed oral lichen planus were analysed in respect to age, sex, patterns and associated disease. It was found more common in females in age group of 30-50 years. Mostly patients had classical bilateral lesions mostly on the buccal mucosa. Thyroiditis with generalized vitiligo was noted in one patient while diabetes was present in one patient.

Key Words

Lichen planus, Thyroidiytis, Mucous membranes

Introduction

Lichen planus is a common papulo-squamous disorder affecting about 1-2% population. It is worldwise in distribution with no racial predisposition. Lichen planus is an inflammatory disorder of skin of unknown origin, but with a prominent immuno-pathogenic component. It is characterized by an eruption of variable extent of typical mauve or pink flat-topped itchy papules. Any part of the skin can be involved, including nails, scalp, palms and soles, but lichen planus of mucous membranes is very common and is usually associated with cutaneous lichen planus. But in about 15% of cases only mucous membranes can be involved. They are however less common in Negroes. Pindborg and co-workers have recorded an incidence as high as 1.5% among the villagers of Kerala in Southern India (1). It was especially high among tobacoo chewers.

Material and Methods

This study was conducted in department of Dermatology, S.T.D. and Leprosy, SKIMS Medical College Srinagar in collaboration with department of Otorhiniolaryngeology on clinically diagnosed cases of oral lichen planus, in respect to age, sex, pattern and association with any other disease. Patients having lichen planus lesions other than oral mucosa were not taken for study. All patients were subjected for routine investigations, which included haemogram, urine analysis, chest roentogram, blood sugar estimation LFT and KFT. Besides all patients were subjected for histopathological examination. Immunoflourescence was tried in few patients only. Thyroid function test were also performed in all the patients.

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Results

Out of 20 patients studied 18 (90%) were females, and 2 (10%) were males. 15 (75%) patients had classical white bilateral lesions mostly in the buccal mucosa. Reticular lesions were noted in 10(50%) patients, while papular and plaque like lesions were seen in 3(15%) and 2(10%) respectively. In 5(25%) patients erosive lichen planus was seen. Out of which 3 had tongue involvement, while in 2 patients buccal mucosa was involved. Pigmented lesions were seen nearly in all patients. As far as associated disease was concerned, in one patient diabetes was detected and in one patient, generalized vitiligo with thyroid disease was present.

Table 1: Age wise distribution of Lichen Planus cases

		M	F
1–10	–	–	–
11–20	–	–	–
21–30	2	1	1
31–40	15	1	14
41–above	3	–	3
Total	20	2	18

Discussion

Oral lichen planus which may affect about 1% of the population, is about eight times more common than cutaneous lichen planus (2). Mostly oral lichen planus is idopathic, but some lichenoid lesions may be related to dental materials (3), GVHD or be drug induced. Oral lichen planus has rarely been associated with liver diseases, diabetes, hypertension or immuno-deficiency, all of which have been purported to be related to lichen planus (4).

Oral lesions of lichen planus may manifest in various forms. The most common one is bilateral white lesions in bucal and/or lingual mucosa. They may be reticular, papular or plaque like. Other variant of oral lichen planus is erosive one, which mostly involves the dorsum a lateral borders of the tongue, or it may involve buc mucosa. It is relatively uncommon. Lichen planus m also present as desquamative gingivitis.

In our study patients with only oral lichen planus, w studied, with no clinical evidence of cutaneous lich planus. Out of twenty patients enrolled eighteen patie were females and only two male patients were not Cutaneous lichen planus has equal sex predispositi but we noted more of female patients. As far as a distribution was concerned we noticed mostly betwe 30-50 years. Most of our patients had classical bilate white lesions, involving buccal mucosa as has been see by others (5). Erosive lichen planus was noted in tw patients involving tongue. Pigmented spots were not nearly in all patients.

We have not noticed any other disease in any patie except in one female, who had associated vitili vulgaris, and thyroid disease. Diabetes was noted in on patient, as diabetes has been noted to be a possibl associated disease of oral lichen planus (6). Our stud was a short one, we intend to carry this at a larger scale

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