



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 but can also affect the mouth (oral lichen planus). Oral lichen planus may occur on its own or in combination with lichen planus of the skin, nails or genitals. It is thought to affect 1 to 2% per cent of the population, and typically affects women after the age of 40 years. 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 be related to the body's immune system. Oral lichen planus is not an infection and is not contagious (it cannot be passed from person to person). Some cases of oral lichen planus may be linked to chronic hepatitis C virus infection; this association is however uncommon in the UK. In a minority of cases, lesions which resemble those of oral lichen planus (oral lichenoid lesions) can be caused by some medicines, e.g. some drugs prescribed for high blood pressure and diabetes, or by dental filling materials, e.g. dental amalgam. It can be very difficult to distinguish oral lichenoid lesions from oral lichen planus.

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 may trigger these sensations. 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. Some patients (about 15%) may also have lesions on the skin of their bodies caused by lichen planus.

What does oral lichen planus look like?

Typically, oral lichen planus looks like a white, lace-like pattern on the inner surfaces of the cheeks and tongue, which may also be swollen and bright red. However, it can appear as white and red patches or as areas of sores (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?

The dentist or doctor may be able to make a diagnosis of oral lichen planus based solely on the appearance of the inside of the mouth. However, it is sometimes necessary to take a small sample (biopsy) from an affected area for examination under a microscope. A local anaesthetic injection to numb the biopsy area is necessary for this procedure.

Can oral lichen planus be cured?

In most cases oral lichen planus cannot be cured, but may go away on its own. It tends to last longer than lichen planus of the skin and may persist for a number of years. However, there are treatments to reduce the severity of symptoms.

In rare cases where the lesions are thought to be caused by medicines or dental filling materials (oral lichenoid lesions), changing these may result in an improvement or resolution. These changes should only be undertaken with specialist advice and under medical 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 tendency to cancerous change, with about a 1% risk (1 in 100 patients who have oral lichen planus) 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. For lichen planus that is causing discomfort, the following topical treatments can be used:

For the mouth:

- Anaesthetic (analgesic) mouthwashes are available if the mouth becomes sore and are particularly helpful if used before meals. Benzydamine mouthwash may be helpful.
- Topical steroids which can be applied directly on the affected areas in the mouth are helpful for most patients. These are available as mouthwashes, sprays, pastes and small pellets (tablets) which dissolve in your mouth.
- If the gums are affected (desquamative gingivitis), it is important the teeth are kept as clean as possible by regular and effective tooth brushing. If 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 descaling of your teeth as necessary.
- An antiseptic mouthwash or gel may be recommended to help with plaque control, particularly at times when the gums are sore, such as daily hydrogen peroxide mouthwash or occasional chlorhexidine twice per week. If possible avoid a mouthwash containing alcohol.

For skin, scalp or genital lesions:

- Corticosteroid ointments or creams applied regularly.

Systemic treatment

In severe cases of oral lichen planus, systemic treatment (taken by mouth) may be required for several months or years. A specialist will discuss the risks and benefits of the different drug options available. Regular blood tests are required when taking systemic drugs to screen for drug toxicity, particularly during the early stages of treatment.

- [Oral corticosteroids](#) may be used for a few months; however, long-term treatment with corticosteroid tablets has many possible side-effects and therefore precautionary measures are required (e.g. medication for bone protection).
- Other drug treatments which further 'dampen down' the immune system are added so that the dose of corticosteroid can be reduced as soon as possible. These include azathioprine, methotrexate and mycophenolate mofetil. They are usually well tolerated, but also require careful monitoring and can be associated

with a number of side-effects which should be discussed with a specialist. Regular blood tests are often required when taking these drugs, particularly during the early stages of treatment.

What can I do?

- Avoid spicy, acidic or salty foods if these make your mouth sore.
- Keep your teeth clean by using a soft brush and small TePe brush to clean between the teeth.
- Choose a toothpaste with a mild flavour and free from the foaming agent sodium lauryl sulphate (SLS).
- In view of the small risk of cancerous change in oral lichen planus, it is important to ensure the mouth is checked on a regular basis by a dentist or oral specialist, so that any early changes can be spotted.
- It is advisable to stop smoking and reduce your alcohol intake to recommended limits (currently 14 units a week for both men and women) as these are the main risk factors for mouth cancer. (See <https://www.nhs.uk/oneyou> for information.)

Where can I get more information about oral lichen planus?

Leaflets:

<https://www.aad.org/public/diseases/rashes/lichen-planus>

<http://www.mayoclinic.org/diseases-conditions/oral-lichen-planus/home/ovc-20196706>

<http://www.emedicine.com/derm/TOPI663.HTM>

<http://www.dermnetz.org/scaly/oral-lichen-planus.html>

Patient support group:

<http://www.uklp.org.uk>

This leaflet has been produced in conjunction with the British and Irish Society for Oral Medicine (BISOM).



The British & Irish Society for Oral Medicine

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For details of source materials use please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists and the British Society for Oral Medicine: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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