

Patient information

Oral Lichen Planus

Liverpool University Dental Hospital

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 one to two percent 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. Oral lichen planus is not an infection and it is not contagious (cannot be passed from person to person). Some cases of 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 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 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 inner surfaces of the cheeks and tongue. 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.

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 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 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. For lichen planus that is causing discomfort, the following topical treatments can be used:

For the mouth

- Anaesthetic (analgesic) mouthwashes are available if your mouth becomes sore and are particularly helpful if used before meals. Benzydamine (Diffiam) mouthwash may be helpful.
- Topical steroids which can be applied locally to the mouth are helpful for most patients. These are available as mouthwashes, sprays, pastes and small pellets which dissolve in your mouth.
- 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 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. Daily hydrogen peroxide mouthwash (Peroxyl) or occasional chlorhexidine (Corsodyl) twice per week are examples. If possible avoid a mouthwash containing alcohol.

For skin, scalp or genital lesions:

Corticosteroid ointments or creams are applied regularly.

Systemic treatment

In severe cases of oral lichen planus, systemic treatment (taken by mouth) may be required for several months or years. Your specialist will discuss with you risks and benefits of the different drug options available.

Regular blood tests are required, to screen for drug toxicity, when taking systemic drugs, 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 potential 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 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 your 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 interdental brushes.
- 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 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.
- 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.

Where can I get more information about oral lichen planus?

- <https://www.bad.org.uk/pils/oral-lichen-planus/>
- <http://www.mayoclinic.com/health/oral-lichen-planus/DS00784>
- <http://www.emedicine.com/derm/TOPIC663.HTM>
- <http://www.dermnetnz.org/scaly/oral-lichen-planus.html>
- www.uklp.org.uk (patient support group).

Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

If you need any further information please contact Liverpool University Dental Hospital

Tel: 0151 706 5060

Text phone number: 18001 0151 706 5060

Author: The information has been reproduced with the kind permission of the British and Irish Society of Oral Medicine (BISOM) and the British Association of Dermatologists.

Review date: March 2027

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والإلكترونية.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوندیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه په‌سند کراون، نه‌گمر داوا بکړیت له فورمات‌ه‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیلې موون و ټلیکټرونیکی همیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字
体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.