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Case Report

Treated case of gingival lichen planus – A 1.5 year follow up report

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ABSTRACT

BACKGROUND: Lichen planus is a condition that affects stratified squamous layer of epithelium. Its mostly seen in 5th to 6th decades of life.

CASE REPORT: 50 years old female reported with a complaint of sensation of burning gums on eating spicy foods. She was found tohave reddish discoloration in the gingiva and desquamation. On histopathological analysis, it was diagnosed to be lichen planus

MANAGEMENT: Systemic and topical antibiotics, anaesthetics, corticosteroids and retinoids were given. She reported complete relief from burning sensation and restoration of healthy gingiva.

CONCLUSION: Correct and prompt diagnosis along with timely management will greatly improve the prognosis and quality of life of the patient.

Keywords: Burning gums, gingival erythema, desquamative gingivitis, corticosteroids.

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INTRODUCTION

Lichen planus is a mucocutaneous condition which varies in appearance from keratotic to erythematous and ulcerative.[(1)]Historically lichen planus was found in 1869, by Erasmus Wilson[(2)]. One to two percent of world population suffer from LP. The most susceptible group of age is 30–70 years, with a predilection more in females.

The female: male ratio is1.4:1.[3] There are various etiological factor considered for LP like genetics, drug history, immune-compromised, allergy to food, mental stress, habits, trauma and systemic disorders.[4]The pathogenesis of lichen planus could be due to cell mediated immune responses ,nonspecific mechanisms,autoimmune responses and altered humoral immunity.[4] Lichen planus is a condition that affects stratified squamous epithelium. Its mostly seen in 5th to 6th decades of life, and its common in women. Intraoral manifestations can be part of following textures – Papular, Reticular, Plaque-like, Erythematous/Atrophic.[5]

CASE REPORT

A female aged 50 years reported to the outpatient department with the complaint of sensation of burning in the gums and inability to eat foods from the past 1 month. The sensation of burning was gradual in onset, continuous in nature, aggravated on eating spicy foods with no relieving factors. The patient had no relevant medical and dental history with no extra-oral lesions. No relevant familial history was reported. Parents and siblings apparently healthy. Intra oral examination revealed gingival desquamation, which was characterized by diffuse reddish discolorations with isolated white patches in the marginal gingiva, attached gingiva and interdental papilla in relation to 24, 25, 26, 34, 35, 36, 44, 45, 46. An OPG to rule out a possible underlying periodontal disease was taken. An incisional biopsy was performed at 24- 25 gingival region locally at the periphery of a large diffuse informed consent was obtained lesion including healthy gingival tissue and the specimen was sent for histopathological examination.

Fig 1: Intraoral Pre-operative view of 24 25 26 region

Fig 2: Intraoral Pre-operative view of 34-36 region

Fig 3: Intraoral Pre-operative view of 44 -46 region

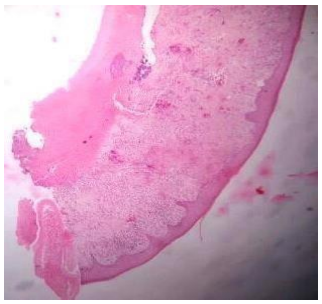

Fig 4: 4x magnification of the tissue specimen

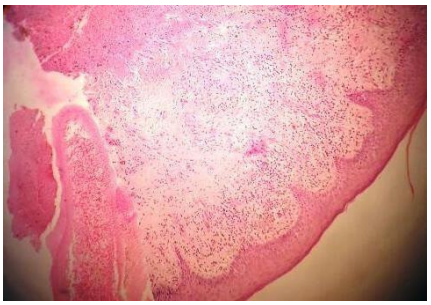

Fig 5: 10x magnification of the tissue specimen

RESULTS

Radiographically, the OPG showed no abnormality in hard tissues. The specimen obtained measured was approximately 0.5 x 0.4 mm in size, greyish-white in colour and firm in consistency. It was transported in saline and transferred to formalin for processing. The histopathological section showed parakeratinized stratified squamous epithelium of variable thickness with foci of basal cell degeneration with subjacent subepithelial band of lymphocytic infiltrate. The underlying connective tissue stroma showed moderate vascularity along with chronic inflammatory cell infiltrate and evidence of haemorrhage (as showed by the arrow).Saw tooth rete-pegs was present. Correlating clinically, histopathology was suggestive of lichen planus.

DISCUSSION

Curative part for OLP or dermal counterpart has not been discovered so far. The treatment targets at reduction of symptoms.[6]Steroids have been good choice in controlling signs and symptoms.[7]Triamcinolone acetonide Orabase showed to have better results than cyclosporine,[8]Pimecrolimus cream,[9] Betamethasone oral therapy, Fluocinoloneacetonide orabase,[10] are also been used for treatment. In recalcitrant to topical therapy intralesional corticosteroids can be advisable , triamcinolone acetonide +local anesthetic to inject .[11] Retinoids are effective and used in combination with topical steroids as adjuvant therapy.[12] Apart from these other treatment modalities are Dapsone once daily for 3 months, PUVA therapy, Azathioprine, Levamisole for 3 consecutive days in 1 week, Thalidomide or topical 1% paste, giesofulvin have reported to be effective in treatment.[12]. Oral lichen planus has a high prediliction in buccal mucosa. Lichen planus occurring in gingiva is a rare. This is a well documented case of a complete resolving of the lesion over a period of 18 months.

CONCLUSION

In patients with mucosal disease its essential to identify and eliminate the associated factor of disease. Relief can be attained with topical steroids alone or in combination with other immunomodulatory topical agents. Prolonged use of systemic medications are required in certain patients.

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