Oral Lichen Planus
The word Lichen originated from the Greek language

The world lichen means MOSS

It can be found at the 142. scroll of Hypocrate and mentioned by Galenus and, Omar Kajam.

The disease could be the same as today.
The today used phrase Lichen Oris (Oral Lichen Planus–OLP) was described by German Pathologists at the end of the XIX.
The efflorescence is
PAPULA
The characteristic lichen-like drawing is the result of papular convergency
Wickham striiae
Etiology

The exact etiology is not clear, but the role of a so-called Köbner's isomorph phenomenon is important.

(this means: different outer or inner effects cause the same symptoms on the skin and mucous surface: mechanical, chemical bacterial and so an)
The lichen patients are psychologically very sensitive, with serious disease knowledge and carcinophobia. Any stress cause increased severity of the disease (ex. an exam).
Many factors can be Köbnering or play role as cofactors

- Smoking,
- Mechanical injury
- Galvanism
- Candida or bacterial infections
- Liver and kidney diseases
- Grynspan syndrome
- Immunecomplex producing drugs
Immunological disease is postulated.

In the histological picture round cell infiltration can be seen. These are CD8+ cytotoxic and CD4+ Th₂ cells producing IL-4, IL-6, IL-10, which are proinflammatory cytokines.
Langerhans cells are the antigen presenters in the epithelium (APC).

These are dendritic cells in the epithelium producing connection with each together.
Lichen ruber planus on the skin

Really, looks like the MOSS
Clinical types of lichen oris

- Papular
- Reticular
- Plaque-like
- Bullous
- Atrophic
- Exulcerant
Papular lichen

Papulae are visible.
The confluent papulae form the typical reticular pattern.
• Papular
• **Reticular**
• Plaque-like
• Bullous
• Atrophic
• Exulcerant
- Papularis
- Reticularis
- Plakkos
- Bullosus
- Atrophias
- Erosiv
- Papularis
- Reticularis
- Plaque like
- Bullosus
- Atrophiás
- Erosiv
- Papular
- Reticular
- Plaque-like
- Bullous
- Atrophic
- Exulcerant
• Papular
• Reticular
• Plaque-like
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- Papular
- Reticular
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- Bullous
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Immunocomplex producing drugs can cause lichenoid reactions. (Lithium treats the maniaco-depressive disease), NSAID, Tauredon, ).
Oral Lichen Planus in HCV infected patients
(243 patients were studied and 28.3% were HCV positive)
Histological characteristics of Oral Lichen Planus

- Hyperortho or hyperparakeratosis
- Achanthosis
- Rete pegs (the basal layer become longer)
- Intracellular hydropic degeneration (the so-called Caspery spaces)
- Bandage like round cell infiltration in the connective tissue
Histology of Oral Lichen planus
Electron microscopic picture of an Oral Lichen Planus (intact basal membrane)
IgG or IgM containing immunocomplex can be shown on the basal membrane layer (direct immunofluorescent study)
Differential Diagnosis

- Leukoplakia
- Palatal nicotinic stomatitis
- Pseudomembranous Candidasis
- Pemphigus-Pemphigoid
- Morsication (cheek biting)
- Median Rhombic glossitis
- Fox-Fordyce patches
- Hand-Foot and Mouth disease
Non-homogenous leukoplakia
palatal nicotinic stomatitis
Stomatitis nicotina palati
White sponge nevus
Morsication (cheek biting)
Median rhombic glossitis
Pseudomembranous Candidasis
Fordyce granules
(sebaceous glands)
Lichenoid reaction

Galvanizm
Hand-Foot and Mouth disease
Therapy I.

• Eliminate the Köbnering factors (change bad fillings, prosthetics, metals causing galvanism to control lichenoid reactions antibacterial or antifungal treatment).

Control HSV infection
  Change the immune complex producing drugs (if it is possible).
Therapy II.

- Topical Vitamin-A oil
- Systhemic Vitamin -A
- Chlorhexidin rinsing can be applied???
- Local corticosteroid treatment (Oxycort spray, Dapsone,)
Therapy III.

- Immunomodulant treatment (suppressed immune system is activated, hyperimmune system is suppressed)
- $\beta$-levamisole
- Alpha-interferon
- GM-CSF