

## Lichen Planus of the Tongue Case Report

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### Abstract

Lichen planus is a chronic mucocutaneous autoimmune disease, predominantly affects middle aged females, predisposing factors include psychological stress, drugs and various systemic conditions. Lichen planus (LP) is a severe and painful disease, commonly involve the mucosa of the oral cavity, though it's a mucocutaneous autoimmune disease found mostly in the absence of skin lesions. Oral lichen planus is the target of much controversy, mainly owing to its prospective malignant potentiality. In this case report, we present a 36 years old Sudanese male with lichen planus of tongue successfully managed with systemic steroids.

**Keywords:** Lichen Planus; Tongue; Oral Mucosa; Systemic Prednisolone

### Introduction

Lichen planus is a quite common chronic inflammatory disease of the skin and mucous membranes, in which the immunological system is the main cause of its pathogenesis [1]. Oral lichen planus (OLP) is a common disorder that affects stratified squamous epithelium. Appear frequently in the fifth to sixth decades of life, and mainly among female [2]. Clinically lichen planus appears in keratotic, atrophic or erosive form. The atrophic and erosive forms are usually symptomatic. The most affected anatomical site was the buccal mucosa (62%), followed by the alveolar mucosa (19%), tongue (14%) and lips (2%) [3]. Erosive OLP is the second most common type. It presents as a mix of erythematous and ulcerated areas surrounded by finely radiating keratotic striae. Patients with this form of OLP often present with symptoms ranging from episodic pain to severe discomfort that interfere with oral function. Patients with oral LP have a 1% risk of malignant transformation hence the tongue is the most frequent site of malignant transformation [4].

### Case scenario

Thirty-six years old Sudanese male came to the oral and maxillofacial clinic complaining from burning sensation and difficulty in eating and swallowing started suddenly 18 days ago. There was no significant medical or social history. On Clinical examinations shows a tender diffuse irregular shallow, non-indurated ulcers without apparent discharge and white patches affected all tongue surfaces and bilateral buccal mucosa (Figures 1,2). Incisional biopsy was done and the Histopathological examination revealed characteristic features of lichen planus. Treatment was performed using a high dose of oral steroids in which improvement were observed within one week (Figure 3).



**Figure1:** Shows diffuse irregular shallow ulcers affect the tongue.



**Figure 2:** Shows diffuse irregular ulcers and white patches affect the right side of buccal mucosa.



**Figure 3:** Shows improvement of the tongue after one week.

## Discussion

Lichen planus affect About 1 -2% of world population, the affected age group range 30 - 70 years old, with female predilection [5]. Oral lichen planus (OLP) prevalence ranges between 0.5 - 2.6 % [6]. It affect the oral mucosa but the most common sites are the buccal mucosa, dorsum of tongue and gingival respectively [7]. Another study confirmed that the tongue was the most common site involved, followed by the buccal mucosa. Besides, the malignant transformation was mostly observed in the erosive type [4]. In the current case the age of the patient was within the common range, although male predilection was quite uncommon. Regarding the site the tongue was the second most common site, hence it carry high possibility for malignant transformation, the patient planned for regular follow up and meticulous clinical examination.

The etiology of OLP appears to be multi-factorial and complicated. Ismail et al. reported number of causative and exacerbating factors for OLP and oral lichen planus reactions; drugs (anti-malarial, diuretics, gold salts, antiretroviral, beta blockers, pencil amine), dental materials (dental amalgam, composite and resin-based materials, metals), chronic liver disease and hepatitis C virus, genetics and tobacco chewing [6].

Treatment was aimed primarily at reducing the length and severity of symptomatic outbreaks. Reticular and plaque forms of OLP being asymptomatic do not require pharmacologic intervention. However, since an erosive variant carries an increased risk of turning into a malignancy, therefore it requires prompt treatment and meticulous follow-up [8].

## Conclusion

OLP was autoimmune diseases that affect the oral mucosa, which has different clinical forms caused by multifactorial agents; it is often painful and debilitating. Prolonged use of systemic steroids and elimination of the causative factor is essential to eradicate the disease. Long-term follow up of the patients was recommended owing to malignant propensity.

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