



Lichen planus

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation, please ask.

What is lichen planus?

Lichen planus is an autoimmune inflammatory condition that can affect the lining of the mouth as well as the skin. The cause is not fully understood. It is common and affects up to 2% of the UK population. Lichen planus most frequently occurs in middle age and women are affected slightly more frequently than men. Although there is no known cure treatments can be given to make the symptoms better. It can occasionally be caused by certain medicines and possibly in some people, by materials in dental fillings.

What does it look like?

Usually lichen planus in the mouth has a lace-like pattern on the insides of the cheeks and on the 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.

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 lichen planus is not!

- It is **not** cancer. In most patients, oral lichen planus is not serious. However, an important, although uncommon, feature of oral lichen planus is a potential predisposition to cancerous change (about a 1% risk over a period of 10 years).
- 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.
- It is not contagious, i.e. you cannot “catch it” from someone or give it to somebody else.

How is lichen planus diagnosed?

The appearance of lichen planus is usually typical and can be diagnosed by an experienced doctor looking inside your mouth. The diagnosis sometimes needs confirmation with a biopsy (i.e. removal of a small amount of tissue which can then be looked at closely under a microscope).

How is lichen planus treated?

If lichen planus is not causing you any problems it does not require treatment although you may be kept a close eye on.

If you do have soreness and ulceration, simply changing toothpastes to one without Sodium Lauryl Sulphate may help a lot. Aloclair Plus gel or mouthwash can also help.

Treatments such as analgesic mouthwashes (Difflam) can be given to lessen the symptoms. The doctor you see in the clinic may prescribe steroids used as a mouthwash or as creams to help to reduce the severity of the condition. Rarely, for severe ulcerative episodes, a short course of steroid tablets may be needed. In some patients with very severe ulceration, treatment with immunosuppressant creams may be indicated.

Is there anything else I can do?

- It is important to maintain good hygiene in the mouth.
- You may find it useful to change to a sodium lauryl sulphate-free toothpaste, such as Corsodyl or Sensodyne Pro-enamel or Original.
- Aloe Vera may help soothe sore areas – Aloclair plus gel or mouthwash
- Some lichen planus can be related to amalgam (metal fillings). If this is the case in you it may be suggested that a filling is replaced, but only on specialist advice.
- 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.

Will I always have lichen planus?

This is difficult to say. In most cases oral lichen planus cannot be cured, but may go away spontaneously. Sometimes it settles to cause few symptoms and may in some patients disappear. Stress will make the symptoms and appearance of lichen planus more aggressive and sore. Once the symptoms disappear they may or may not return at a later date.

Contacting us

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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