

## ■ INTRODUCTION

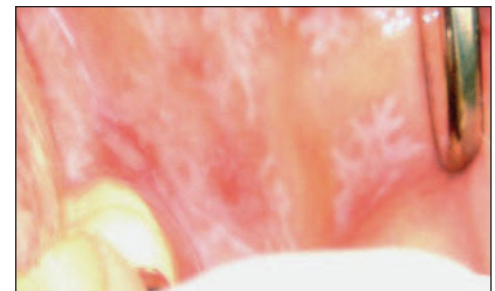
Oral lichen planus (OLP) is a chronic inflammatory disease predominantly affecting the mucous membranes of the oral cavity and skin. The pathogenesis of OLP is unknown. Current data suggest that LP is a T-cell-mediated autoimmune disease in which autocytotoxic CD8<sup>+</sup> T cells trigger apoptosis of the oral epithelial cells. The lichen planus antigen is unknown. OLP affects approximately 1-2% of the general adult population. All racial groups are affected. OLP predominantly occurs in adults older than 40 years, although younger adults and children can be affected. Women are more commonly affected than males.

## CLINICAL FEATURES

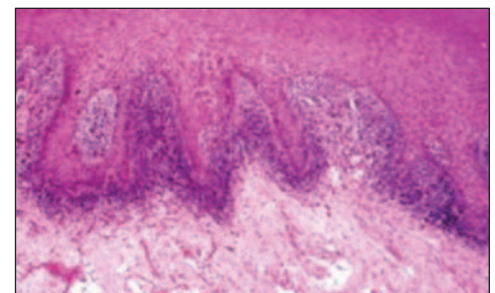
Clinical presentation of OLP can be variable. Common presentation is as white striations (Wickham striae), on the buccal mucosa. Other presentations include white papules, erythema (mucosal atrophy), erosions (shallow ulcers), or blisters. The lesions predominantly affect the buccal mucosa, tongue, and gingivae, although other oral sites are occasionally involved. OLP lesions usually persist for many years with periods of exacerbation and quiescence.

## ■ DIAGNOSIS

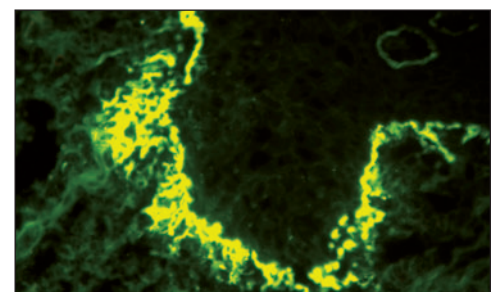
The history, typical oral lesions, and skin involvement may help to diagnose OLP; nevertheless histopathological examination on light microscopy and direct immunofluorescence (IF) is a must in confirmation of the diagnosis. Biopsy should be from the lesional tissue shows “saw-tooth” rete ridges and a band of mononuclear infiltrate consisting of T cells in the subadjacent connective tissue. Other findings include degenerating basal keratinocytes that form colloid (Civatte, hyaline, cytoid) bodies, which appear as homogenous eosinophilic globules. Direct IF usually shows fibrillar and shaggy deposition of fibrin at the basement membrane. Direct IF testing can also help in confirmation of diagnosis and also distinguishing from other erosive and bullous disorders affecting oral cavity such as pemphigus vulgaris, mucous membrane pemphigoid, dermatitis herpetiformis, and linear IgA disease.



White Lacy striations on buccal mucosa



Biopsy showing bands of lymphocytes



Shaggy and fibrillar fibrin deposits at the BMZ

### OPTIMAL BIOPSY SITE FOR IMMUNOLOGICAL INVESTIGATIONS:

TISSUE	SITE	SPECIAL CONSIDERATIONS
Oral Mucosa	Take biopsy from the lesion	None

# ORAL LICHEN PLANUS

## ■ TREATMENT

Current treatment is largely based on topical immunosuppression using corticosteroids. Recent studies with topical tacrolimus have shown promising results.

## ■ SUGGESTED READING

Eisen D, Carrozzo M, Bagan JV, Thongprasom K. Number V Oral lichen planus: clinical features and management. *Oral Dis* 2005;11:338-46.

Scully C, Beyli M, Ferreiro MC, Ficarra G, Gill Y, Griffiths M, Holmstrup P, Mutlu S, Porter S, Wray D. Update on oral lichen planus: etiopathogenesis and management. *Crit Rev Oral Biol Med*. 1998;9:86-122.

Sugerman PB, Savage NW. Oral lichen planus: causes, diagnosis and management. *Aust Dent J*. 2002 ; 47:290-7.

## SPECIMEN SUBMISSION

Specimen collection kits are available free of charge. Please call (800) 537-8378 for an immediate shipment. Use appropriate tube(s) as follows:

Immunofluorescence:

Lesional biopsy: Red tube

Normal biopsy: Purple tube

H&E biopsy: Green tube

Serology: Orange tube

Specimens can be shipped by courier services, U.S. Postal Service and overnight carriers free of charge. Results are reported in two business days of specimen receipt via mail, fax and through IMMCO Online, a HIPAA-compliant web tool at [www.immco.com](http://www.immco.com).



IMMCO Diagnostics, Inc. | 60 Pineview Drive  
Buffalo, NY 14228 USA | [www.immco.com](http://www.immco.com)  
*toll free North America: 1-800-537-8378*  
*phone: 1-716-691-0091 | fax: 1-716-691-0466*