

Case Report

Atrophic lichen planus of buccal mucosa in male patient: A case study

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Abstract

Oral lichen planus is a chronic autoimmune mucocutaneous condition that affects mainly middle-aged women and is uncommon in males. The mechanism of action remains unknown; psychological stress, medications, and various systemic disorders are some of the predisposing factors. A painful condition is oral lichen planus; the buccal mucosa of the oral cavity is usually involved. While atrophic and erosive patterns of oral lichen planus are less common, the reticular pattern is the most common. An unusual case of atrophic lichen planus involving the buccal mucosa of a 38-year-old male patient with no cutaneous lesions has been identified.

Keywords: Buccal mucosa, lichen planus, atrophic.

Introduction

Oral lichen planus is a chronic inflammatory mucocutaneous disorder, affecting stratified squamous epithelia of body, with a more of female predominance and less common in males.[1] In the 30-60-year age group with a female to male ratio (1.4:1), this condition has most often been identified.[2,3] Lichen planus oral manifestations can be categorized into three kinds: reticular lesions, including white asymptomatic bands, papules, and plaques; painful lesions, atrophic or erythematous; and erosive lesions, comprising ulcers and bullous lesions.[4] The etiology of oral lichen planus is idiopathic, although in some patients it tends to be multi-factorial.[5] Viruses, genetic factors and lifestyle also play a significant role in development of disease along with, an inborn error in the metabolism of glucose-6-phosphate dehydrogenase deficiency, and long lasting abnormal glucose metabolism with glucose intolerance.[6,7] Here we report a case of atrophic lichen planus in 38 years old male which is a rare occurrence .

Case Report

A 38-year-old male patient reported a red-white patch on the right and left cheek regions for 1 year with a chief complaint. The patient gave a detailed history of his cheek's burning sensation, leading to 6 months of difficulty eating and swallowing, and discomfort with spicy food consumption. There have been no visible cutaneous lesions. The history of the patient was not considerable. The patient was healthy and did not take medication at all. He was also a non-

smoker and non alcoholic. Intraoral examination showed very poor oral hygiene, and atrophic patches of reddish-white irregular shape were present on both sides of the buccal mucosa, extending from molars to premolars. [Fig-1, 2]

The case was provisionally diagnosed as atrophic lichen planus of buccal mucosa based on clinical examination. There have been negative haematological examinations and biochemistry reports. Incision biopsy was performed and characteristic features of atrophic lichen planus were shown by histopathological examination. Then, patient was advised medication of anti-oxidant twice/day (Cap. Lycos tar®) and topical corticosteroid triamcinolone acetonide 0.1% three times/day (Tess ointment®) for seven days. The patient was instructed to avoid spicy food and take a healthy diet rich in fresh fruit and vegetables. At 1-week recall visit, the patient reported improvement in the burning sensation. Oral hygiene instructions were given to the patient and he was recalled after 15 days for follow up. The prognosis was good and after just two months the lesion had regressed completely and the patient's oral mucosa was appeared normal. The patient was further recalled after three and six months; no incidence of recurrence was seen.

Discussion

In Greek, the word lichen planus means moss of the tree and planus means flat. In 1869, Erasmus Wilson first mentioned Lichen planus. The prevalence of oral lichen planus varies from 0.5-2.6 percent and the affected age group ranges from 30 to 70 years old

and less present in males.[8] OLP has been suggested to have a near correlation with stress and high levels of anxiety. The rise in blood cortisol and salivary cortisol levels during this period leads to the conclusion that psychological variables are closely correlated with this disease entity.⁸ It is a chronic, inflammatory disease that affects mucosal and cutaneous tissues.[9] The erythematous or atrophic phase is characterized by a homogeneous red region with striations often seen at the periphery of the attached gingival, a typical occurrence site. In the present case site of involvement was buccal mucosa which is a rare clinical finding. [8]

Oral lichen planus can be differentiated with cheek bite, homogenous leuoplakia and pseudo membranous candidiasis.[10] Various treatment modalities have been used to treat oral lichen planus; topical corticosteroids like .05% betamethasone and 0.1% triamcinolone acetonide ointment can be the first choice of therapy.^{9,10} Patient can be advised to maintain good oral hygiene, during the active course of disease. However, since some variant of oral lichen planus carries a high risk of conversion into a malignancy, therefore it requires prompt treatment and meticulous follow-up.

Conclusion

A chronic immune-mediated muco-cutaneous disease present in the buccal mucosa and gingiva is oral lichen planus; it is often painful. In the current culture, the risk of oral lichen planus occurrence is enhanced because of the stressful lifestyle, particularly among males. In histologically verified cases of oral lichen planus, the clinician must describe the re-occurrence trend and disturbing signs of exacerbation to the patient and also establish a long-term follow-up of all intraoral lesions to assess the malignant potential.

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Figure 1: Red-white irregular patch present over right buccal mucosa



Fig -2 Red-white irregular patch present over left buccal mucosa

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