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ORAL LICHEN PLANUS

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many 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 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 population. Lichen planus is most often seen in middle age and women are affected slightly more frequently than men. Although there is no known cure treatment can be given to improve the symptoms.

What does it look like?

In the mouth, lichen planus is usually found on the inside of the cheeks and on the side of the tongue although it can also affect the upper and lower gums, the upper surface of the tongue and occasionally, the roof of the mouth. Usually lichen planus has a lace-like pattern of streaky white patches that can be thickened. The patches are often symmetrical, ie affect the same area on both sides of the mouth. Sometimes lichen planus may be associated with red patches or sores often referred to as erosions and ulcers.

What lichen planus is not!

- It is not cancer.
- It is not inherited, ie passed on from your parents.
- It is not contagious, ie you cannot "catch it" from someone who has it or give it to somebody else.
- It is not related to nutrition although some foods you eat can make the lichen patches sore.

How is lichen planus diagnosed?

The appearance of lichen planus is often typical and can be diagnosed by an experienced doctor just looking inside your mouth. The diagnosis may need to be confirmed with a biopsy (ie. by taking a sample of an affected area which can then be looked at under the microscope).

How is lichen planus treated?

If your lichen planus is not causing any problems it does not require treatment although you may be kept under review. If lichen planus is causing you problems such as soreness, treatments can be given to lessen the symptoms. Usually these are given directly on to the affected areas (topically) rather than having to take tablets.

Is there anything else I can do?

- You may find it helpful to keep a diary and look for trigger events if you have a flare-up of symptoms. These flare-ups may be related to particular foods, stress or local trauma.
- You may find it useful to change to a milder form of toothpaste. It is important to maintain good hygiene in the mouth.
- Some lichen patches can be related to amalgam fillings. That is, the lichen may be worse where it touches the filling. If this is the case in you it may be suggested that a filling is replaced with a non-amalgam equivalent. The relationship between dental filling materials and lichen planus is not fully understood.

Will I always have lichen planus?

This is difficult to say. Some people suffer for only a few months before their symptoms settle down. Others may suffer for several years. Once the symptoms disappear, they may or may not return at a later date.

For further advice and information, please see:

- The British Association of Oral & Maxillofacial Surgeons: www.baoms.org.uk
- British & Irish Society of Oral Medicine: www.bisom.org.uk