

Clinical study of Oral Lichen Planus for a selective sample in Basrah City south of Iraq between 2017-2019

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ABSTRACT

Objectives: the study investigates the clinical appearance of oral lichen planus (OLP) in a selective sample in Basrah city and compare with other studies.

Materials and Methods: The study included 45 patients with clinically and histopathologically confirmed OLP collected from Oral Diagnosis Department, Oral Medicine Clinic at the College of Dentistry, Basrah University during the period between October 2017 and October 2019. Registered authors regarding age, gender, clinical type, site and the presence of dysplasia.

Results: Of 45 patients with OLP, 27(60%) were females, and 18(40%) were males. The predominance of patients was in the fourth to sixth decades of age. Buccal mucosa was the leading site of contribution 23(51.1%). The erosive structure was the regular clinical sort found in 18(40%), trailed by reticular in 17(37.7%), atrophic in 5(11.1%) and plaque-like in 5(11.1%). The disease caused pain and other symptoms in 25(55.6%) patients. Histopathological study shows Dysplastic changes of OLP was in 4 (8.9%) of the cases.

Conclusions: OLP is a chronic disease with diverse clinical manifestation and multiple site involvement. In almost half of the cases were symptomatic with the erosive form experience significant discomfort—few cases presented with dysplasia. Periodic follow-up examination of all patients with OLP recommended.

Keywords: Oral lichen planus, Clinical features, Histopathological finding, Dysplastic change

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INTRODUCTION

Lichen planus is one of the most generally perceived dermatological diseases considered being a moderately chronic inflammatory mucocutaneous[1,2]. The prevalence of oral lichen planus is between 0.1% and 2.2%[3]. The oral variant, Oral lichen planus (OLP) most habitually influences women somewhere in the third to sixth decades of life[4]. (OLP) affecting the oral mucosa with distinct relapses and remissions[5]. Furthermore, OLP occurs more frequently than cutaneous form, and it is of a more persisting and more resisting to treatment[6]. The particular purpose behind OLP is not clear, although the immunologic system expects the principal function in its pathogenesis, where auto-cytotoxic T lymphocytes trigger apoptosis of epithelial cells provoking chronic inflammation[7,8]. OLP consider as a multifactorial process containing occasions that may occur at the various time point[9]. Haematological anomalies are present in patients with OLP. Nutrient vitamins B12 and folic acid are significant elements for the exact capacity of the human immune system [10,11]. Mental factors, for example, stress; may likewise be of significance to establish the inflammatory process and proposed a relationship with the lack of nutrient vitamins B1, B6, C and OLP[11,12].

Starting late a connection between oral lichen planus and hepatitis C infection and this association related to a hereditary inconstancy between nations; this maintained by the discernment that specific alleles of the massive histocompatibility complex (HLA-DR6)[13].

Oral lichen planus disease affecting the various site of the oral cavity with the buccal mucosa, usually bilateral, being the most typical site followed by the tongue and gingiva. The clinical variations of OLP incorporate reticular, erosive, atrophic, bullous, papular, and plaque-like, with the reticular variation being the commonest

one[14]. It is not remarkable for a similar patient to give different types of OLP[2].

Diagnosis of OLP made on the clinical and histopathological basis. Histopathology described by lopsided epidermal/epithelial thickness, basal cell degeneration and a band-like infiltrate, involving mononuclear cells at the dermo-epidermal junction. Because of the expanded danger of squamous cell carcinoma in an ulcerative type, ordinary follow up ought to be done, and change in symptoms should be reported[15].

The danger of malignant change varies between 0.4 – 5% of times of perception from 0.5 to 20 years[16],], rely upon the clinical sort of OLP, or the treatment utilized. However, the remaining parts some stress overtreatment with the immunosuppressive drugs that could theoretically weaken defences[17].

The current investigation done to examine the histopathologically analyzed instances of OLP as far as age, sexual orientation, clinical variation, site, and the presence of dysplastic changes in a particular example in Basrah city.

MATERIALS AND METHODS

This study carried out during the period between October 2017 and October 2019 in Basrah city; Oral Diagnosis Department, Oral Medicine Clinic at the College of Dentistry, Basrah University. A total of (45) patients were in cooperated in this study, the female constitutes 27 (60 %), while the male 18 (40 %). An educated assent structure got for every patient, after giving definite and portrayal the point of the examination for all patients. The diagnosis of OLP done by documented data of the patient (personal information, past medical and dental history, signs and symptoms, onset and duration of the complaint). Extraoral and intraoral examination (site and size of the lesions) by oral medicine specialist. In the oral