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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/15800

DOI URL: <http://dx.doi.org/10.21474/IJAR01/15800>



RESEARCH ARTICLE

RARE CASE OF ORAL LICHEN PLANUS IN PAEDIATRIC PATIENT

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Manuscript Info

Manuscript History

Received: 05 October 2022

Final Accepted: 09 November 2022

Published: December 2022

Abstract

Lichen planus is a relatively common mucocutaneous lesion in adults but it is rarely seen in paediatric patients. Here we presenting a case of oral lichen planus in 10 years old boy. The diagnosis was made on the basis of clinical features only. Topical steroid therapy is most common given therapy in oral lichen planus. This case wastreated with novel treatment modality of topical tacrolimus 0.03% and patient responded well to the treatment.

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Introduction:-

Lichen planus (LP) is a common, chronic immunological muco-cutaneous disorder of unknown etiology, but it is believed to result from an abnormal T cell-mediated immune response [1]. Oral lichen planus is most commonly found in middle and older age group and predominantly seen in females. oral lichen planus (OLP) in paediatric patient is rare. Firstly, it was reported in 1920s. Oral lichen planus categorized into subtypes as reticular, papular, plaque-like, atrophic, erosive, and bullous [2].

Here we reporting case 10year old boy with oral lichen planus without skinlesion.

Case Report

A 10year old boy report to department of Oral Medicine and Radiology with the chief complaint of burning sensation while eating spicy food since 1 month. There was no significant medical history and family history. Also no history of recently change in toothpaste, use of mouthwash, fluoride applicationand change in food habit. On extra-oral examination, white patch noted on nose and left zygomatic region, it was asymptomatic in nature. Intra-oral examination, white interlacing pattern noted no buccal mucosa bilaterally and palate. On palpation, it was non-scrapable and non-tender in nature. On the basis of clinical feature and history provisional diagnosis was oral lichen planus. Differential diagnosis was OLP, lichenoid reaction and leucoplakia. Also we consulted to dermatologist for skin lesion. Treatment was started with topical application tracrrolimus 0.03% on oral mucosal lesion in night for 2weeks and Glyco 6% for skin lesion in night for 1month.

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On recall after 2week, patient got relief in burning sensation and clinical appearance of lesion slightly improved as compared to previous.

Discussion:-

Lichen palnus is chronic inflammatory mucocutaneous disease commonly affect middle aged and elderly females. female to male ratio 2:1 approximately [3]. Many previous pediatric LP have been reported but with oral mucosa was less common involvement with prevalence of approximately 0.03% compared with 1-3% of general population [4]. Intra-oral most common site of involvement is buccal mucosa bilaterally, tongue, gingiva and lips [5]. In present case lesion was present on buccal mucosa, retromolar area and palate also.

Family history is commonly positive is in pediatric OLP as compared to adult patient [5]. The exact cause of lichen planus remains unknown, but immune mediated pathogenesis has been reported. Possible predisposing factors of OLP, such as dental restorations, local trauma, active hepatitis and hepatitis B vaccination have been reported. Moreover, lifestyle, stress and genetic factors can also play a role. In our case there was no familial history of lichen planus.

Chaiyadu et al reported that the effect of treatment and prognosis of OLP in pediatric patient is more favourable as compared to adult patient [5]. Various treatment modalities are used for the OLP like topical steroid application, tacrolimus, dapson, retinoids and intra-lesional injection. Topical steroid application is most commonly used therapy for the OLP. But in our case use topical tacrolimus ointment 0.03% instead for steroids. Patient got relief in burning sensation along with clinical improvement after topical application of tacrolimus 0.03%. there was controversy regarding the malignant transformation of OLP. Malignant transformation of ulcerative OLP in adult is 0.07% to 5% however malignant transformation of OLP in paediatric patient is not documented in literature.

Conclusion:-

Although oral lichen planus in paediatric patient is rare, presence of white non- scrapable lesion in different oral site clinician should consider OLP as differential diagnosis. Topical application of tacrolimus can be used in treatment of OLP in paediatric patient.

Fig. 1:- Reticular lichen planus on right buccal mucosa.



Fig. 2:- Reticular lichen planus on left buccal mucosa.



Fig.3:- Reticular lichen planus on palatal mucosa.



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