
Department of Oral and Maxillofacial Surgery

Lichen Planus of the mouth

This information is for patients with Lichen Planus of the mouth. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon.

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 1 in 50 of the population. Lichen planus is most frequent in middle age, and women are affected slightly more frequently than men. Although there is no known cure, treatment can be given to make the symptoms better.

- It is **not** cancer.
- It is not inherited (passed on from your parents).
- It is not contagious - you cannot 'catch it' from someone who has it or give it to somebody else.
- It is not related to food although some foods you eat can make the patches of lichen planus sore.

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. It can also affect the gums and roof of the mouth.
- Usually lichen planus has a lace-like pattern of streaky white patches that occasionally can be thickened.
- The patches are often symmetrical, which means that they affect the same site on different sides of the mouth.
- Lichen planus may sometimes be associated with red patches or sores.

How is lichen planus diagnosed?

The appearance of lichen planus is usually typical and can be diagnosed by an experienced doctor just by looking inside your mouth. The diagnosis sometimes needs confirmation with a biopsy (removal of a small amount of tissue which can then be looked at closely under a microscope).

How is lichen planus treated?

If lichen planus is not causing you any problems it does not require treatment although we may keep you under review. If lichen planus is causing you problems such as soreness, treatments can be given to lessen the symptoms. These are usually 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 planus can be related to amalgam (metal fillings). If this is the case it may be suggested that a filling is replaced if adjacent to the lichen planus.

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.

Adapted from:

British Association of Oral and Maxillofacial Surgeons.

<http://www.baoms.org.uk/>

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本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。
Cantonese

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Gujarati

A richiesta questo documento è anche disponibile in altre lingue, a caratteri grandi e in formato audio.

Italian

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Kurdish

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Urdu



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Document History

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Contact number	01223 216413
Published	April 2006
Review date	April 2008
File name	Lichen planus.doc
Version number	1
Ref	PIN 465