

Lichen planus

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Abstract

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KEYWORDS

Lichen planus, desquamative gingivitis, scarring alopecia.

CASE DESCRIPTION

A 39-year-old woman presented with persistent sore facial gingivae for 5 years. Her medical history was unremarkable and she denied any drug use. Intraoral examination revealed redness and erosion of the upper and lower labial gingiva consistent with desquamative gingivitis (Figure1A).

Extraoral examination revealed gradually worsening scarring alopecia on the vertex of the scalp (Figure 1B) which began with the oral lesions. A biopsy of the gingiva showed histologic features of lichen planus. The patient refused a biopsy of the scalp lesion. The concurrent scalp and oral lesion suggested a diagnosis of lichen planus. Topical application of steroids to the gingiva resulted in significant improvement.

Lichen planus is an inflammatory mucocutaneous disease that can affect skin, hair, nails, and mucosal surfaces¹. Common oral manifestations include lacy stria of the buccal mucosa and tongue, erosions, and ulcerations due to basal cell destruction. Occasionally, desquamative gingivitis may be the only oral manifestation of lichen planus. Although rare, concurrent oral and scalp lichen planus may occur. There is no known cure for lichen planus. The mainstay of treatment remains topical corticosteroids².

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Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

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