What is Oral Lichen Planus?

Oral lichen planus (LIE-kun PLAY-nus) is a chronic condition that affects the inner lining inside your mouth. It may appear as white lacy patches, red swollen tissues or open sores. These lesions may cause burning, pain or other discomfort. The disease is not contagious. You can't infect others, and you did not catch it from anyone.

How is Oral Lichen Planus treated?

Since Oral lichen planus is a chronic disease that may be controlled but not eliminated (cured), the goal of therapy is to relieve symptoms and monitor changes that may indicate a biopsy is needed. Treating symptoms before they become severe and avoiding triggers that make symptoms worse may help to control the condition, prevent flareups, and reduce the severity of symptoms. Topical steroids such as fluocinonide gel, clobetasol gel, or dexamethasone rinse are often helpful when having symptoms associated with Oral Lichen Planus. When provided a medication, follow your providers instructions for use. Typical instructions for use of topical steroids (gel or rinse) may include:

Use of gel:

Apply thin layer of steroid gel onto moist cotton gauze or roll. Place against lesion for 10-15 minutes twice per day. Rinse with water 30 minutes after steroid use.
Use of rinse:
Rinse with dexamethasone for at least 2-3 minutes twice per day. Rinse with water 30 minutes after steroid use.

Additional tips when using topical steroids:
1. Use of steroids may increase your risk for oral fungal overgrowth. Rinsing with water 30 minutes after steroid use may help to reduce risk of fungal load.
2. If tolerated, consume low-sugar probiotic yogurt while using topical steroids. Adding good bacteria to your mouth may help reduce risk for fungal overgrowth.
3. If you have dry mouth or have had experience with recurrent oral fungal overgrowth, your provider may prescribe an anti-fungal medication to use while using oral steroids.
4. Like all medications, steroids have side effects. Some side effects include thinning of the mouth tissue to reduce issues associated with prolonged use, limit steroid use to 2 weeks at a time with at least 1 week without use between treatments unless otherwise directed by your doctor. Talk with your doctor if you need medication more frequently or if you are not getting relief despite appropriate use of medications.
5. GoodRx: Topical steroid prices have been increasing. Many patients have success with using GoodRx. Make sure to use a pharmacy that accepts GoodRx if planning to use.

Systemic medication:
If your oral lesions are severe, your oral health or medical provider may consider prescribing a pill to take by mouth such as a steroid (i.e. Prednisone). Due to increased risk for side effects, it is important to discuss all of your medical conditions and current medications with your provider prior to starting a steroid pill.
**Additional tips:**

1. Avoid spicy and acidic foods
2. Use mildly flavored, fluoride containing toothpastes. Mint flavored toothpastes may make symptoms worse. Consider use of non-mint flavored children’s toothpaste or toothpaste made for dry mouth to reduce irritation triggered while brushing.
3. Maintain good oral hygiene. Excellent plaque removal is essential in management of condition.
4. Visit your dentist at least twice per year for cleanings and oral screening examination. If you are under the care of an additional oral health specialistic, follow the provider’s follow-up recommendations which may include an additional yearly surveillance examination.
5. Biopsy may be warranted as **Oral Lichen Planus may increase your risk for oral cancer**. Alert your oral health provider of any concerns.
6. Avoid tobacco as this may increase your risk for development of oral cancer.

For more information on Oral Lichen Planus, please visit: [https://www.aaom.com/oral-lichen-planus](https://www.aaom.com/oral-lichen-planus)