NHS
Calderdale and Huddersfield
NHS Foundation Trust

Maxillofacial Unit

Lichen Planus

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask.

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 2% 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.

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 although 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. Often the patches are symmetrical, ie affect the same site on different sides of the mouth. Sometimes lichen planus may be associated with red patches or sores.

What lichen planus is not!

- It is not cancer.
- It is not inherited, ie passed on from your parents.
- It is not contagious, ie you cannot “catch it” from someone who has it or give it to somebody else.
- It is not related to nutrition although some foods you eat can make the patches of lichen planus sore.

How is lichen planus diagnosed?

The appearance of lichen planus is usually typical and can be diagnosed by an experienced doctor just looking inside your mouth. The diagnosis sometimes needs confirmation with a biopsy (ie 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 you may be kept a close eye on. If lichen planus is causing you problems such as soreness treatments can be given to lessen the symptoms. Usually these are given directly on to the affected areas (topically) rather than having to take tablets to swallow.

compassionate care

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 in you it may be suggested that a filling is replaced.

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.

This leaflet is specific to the practice of Oral and Maxillo-Facial Surgery in the United Kingdom and is in addition to the generic guidance given in the GMC publications of Good Medical and Surgical Practice 2001 & 2002.

If you have any comments about this leaflet or the service you have received you can contact :

Maxillofacial Unit
Huddersfield Royal Infirmary

Telephone (01484) 342336 / 345486

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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