

## Images in...

## Juvenile oral lichen planus: a clinical rarity

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## DESCRIPTION

A 9-year-old girl reported to the department with the chief complaint of burning sensation in the buccal mucosa of right and left side. Burning sensation was there only during consumption of spicy food. History and general physical examination revealed no relevant findings. On oral examination, it was evidently seen that there was white reticular lines and dark red and white patches on both the left and right buccal mucosa (figures 1 and 2). On palpation, there was mild pain. Provisional diagnosis of lichen planus (LP) was made by its presentation. Erosive LP, reticular LP, allergic mucositis, lichenoid reaction and thermal burn were given as differential diagnosis. Punch biopsy was performed and the histopathological findings revealed the presence of stratified squamous epithelium with inflamed connective tissue stroma and few superficial areas of erosion (figure 3). Final diagnosis of erosive LP was made. Topical corticosteroid (triamcinolone acetonide 0.1%) and analgesic (2% lidocain gel) were prescribed. A marked reduction in symptom was reported after one week. LP was first described in the literature by Erasmus Wilson in 1869, as predominately a disease of the middle aged or older. There is limited literature available reporting the occurrences of oral LP in children. The aetiology remains uncertain but many factors have been implicated such as genetic predisposition, infective agents, systemic diseases, graft versus host disease, drug reactions, hypersensitivity to dental materials and vitamin deficiencies. Also, it has been documented as a complication of



Figure 2 Shows right buccal mucosa.

hepatitis B vaccinations<sup>1</sup> and has autoimmune basis.<sup>2</sup> The exact incidence of paediatric LP is unknown. Several retrospective reviews, have estimated that only 1–16% of LP



Figure 1 Shows left buccal mucosa.

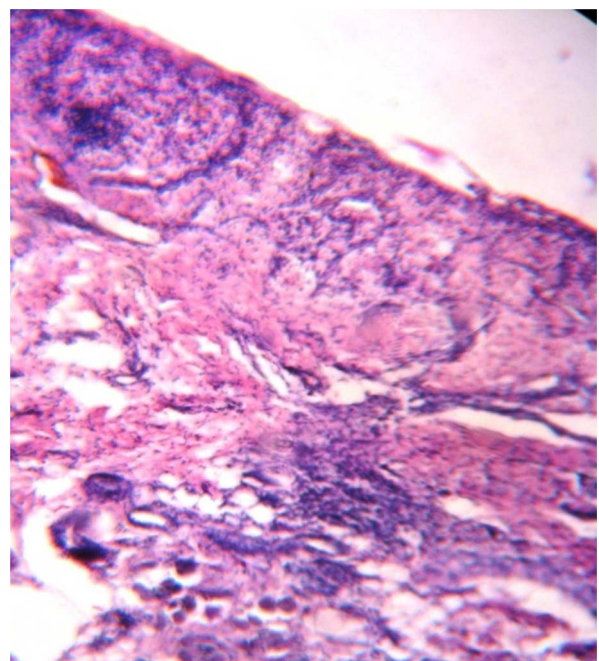


Figure 3 H&amp;E staining of biopsy.

patients are younger than 15 years old, has rarely been documented in the medical/dental literature.<sup>2</sup> Regarding the clinical features, some authors suggest that they are similar to adult LP, but some others suggest that in children it was often atypical with a linear pattern.<sup>3</sup> Of note, tacrolimus ointment, topical tretinoin and topical cyclosporine are used with success in some cases for treatment. Periodic follow-up is required in all oral lichen planus in children, as malignant transformation is seen in small percentage of cases on follow-up.<sup>2</sup>

### Learning points

- ▶ Oral lichen planus is rare in children.
- ▶ If it occurs in this age group, pedodontists should be watchful to first diagnose and give appropriate treatment.

**Competing interests** None.

**Patient consent** Obtained.

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