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Oral lichen

Oral lichen planus is an inflammatory condition of the mucus membranes (mucosa) and/or skin. The cause is unknown. Usually, the diagnosis can be made when a doctor sees lacy, thin white lines on the oral mucosa, usually on the inside of the cheeks. While this is probably the most common presentation of oral lichen planus, there are also ulcerative/erosive forms of this disorder (which cause open sores) as well as an atrophic form (in which the mucosa is dull red, and the lines are present only at the edges of the red patches).

While the cheek mucosa is the most commonly afflicted area, the tongue, lips, palate and gums may also be involved. Oral lichen planus is often a nonpainful condition that is detected by a dentist or primary-care physician, who then refers the patient to an ear, nose and throat specialist (ENT) because of a concern for oral cancer. If there is any doubt, one or two small biopsies of the affected mucosa can usually establish a definitive diagnosis.

Once the concern for cancer has been alleviated, oral lichen planus need be treated only if the lesions are painful.

Topical therapy is, by far, the most common treatment. A variety of medicated mouthwashes are available. Such a mouthwash, combined with a topical anesthetic, can relieve the pain in many individuals. For more stubborn cases, topical corticosteroids can be applied to the lesions. If this fails, the

lesions can be injected with corticosteroids. Finally, if the lesions are very extensive, a short trial of oral corticosteroids may be necessary. Unfortunately, oral corticosteroids have a wide range of fairly nasty side effects; you should certainly review these with your doctor before embarking on a course of oral steroids! by Douglas Hoffman, MD, PhD

Facts About Lichen Planus

1. It is a disease of unknown cause, but it may sometimes represent an allergic reaction.
2. It affects about 1% - 2% of the general population
3. It occurs in women more than men.
4. It occurs more often in individuals past the age of 50.
5. It can occur on the skin or genitals and in the oral cavity.
6. In the mouth it can occur in six different forms, ranging from lacy-white streaks, to white plaques to eroded ulcers.
7. The white lesions of lichen planus are usually painless.
8. The eroded lesions usually burn and can be quite sore.
9. The gums are often affected, causing the surface of the gum tissue to peel off and leaving the gums red and raw.
10. Sometimes it appears to represent a reaction to medications, some filling materials, dental hygiene products, chewing gum, candy or other substances that touch mouth tissue.
11. Stress may play a role in outbreak of the sores.
12. Lichen planus may come and go, but it often can remain present for years if not treated.

What to do if you think you may have Oral Lichen Planus

3. See your dentist and obtain a biopsy if indicated. Your dentist can do this for you or refer you to someone who can.

Keep notes about the conditions. When did it start? What medications are you taking? Did it start about the time you began a new medication? Did it start when you began using a new toothpaste or mouth rinse? Did you have dental work done shortly before it started? Does it tend to come and go?

3. Evaluate your personal and work situation regarding stress. If you are under stress are there steps you can take to reduce it?

What to do if you have lichen planus

1. Talk with your dentist or physician about treatment. Strong topical corticosteroids are often quite beneficial.
2. Ask your Dentist or physician to be observant for signs of oral yeast infections. Sometimes the use of topical corticosteroids will change the mouth environment enough for that to become a problem. Occasionally one needs an anti-yeast medication as a preventive while using strong topical or systemic corticosteroids.
3. Maintain good oral hygiene but be careful about brushing too hard. Sometimes you can brush away the surface of the gum tissue where you have sores. Electric or sonic toothbrushes maybe a bit too irritating to use until your gums are free of lichen planus sores.
4. While your mouth is too sore to brush well, consider an effective anti-plaque mouth rinse which is low in alcohol and which does not burn when you use it. Be careful with this – there are a lot of mouth rinses which don't burn but which also don't do much to reduce plaque. The best ones for someone with a sore mouth contains a substance named "chlocheridine", but a prescription is required to obtain them. Unfortunately, they contain low percentage of alcohol. If the mouth rinse burns when you use it – STOP using it even if you have to do without a mouth rinse.
5. Avoid dental hygiene products and foods that burn in your mouth. Do not use alcoholic beverages or mouth rinses with a

high alcohol content. Do not use products which contain hydrogen peroxide.

6. While your mouth is sore, you should have your teeth professionally cleaned fairly often, usually about every two months. Sometimes that will make your gums worse for a few days, but in the long run it will keep them as healthy as possible. If your gums are affected with lichen planus, it may be better to ask your dentist or dental hygienist to avoid using some of the newer professional tooth cleaning devices (ultrasonic or sonic scalers) because they vibrate and may disrupt the surface tissue of your sore gums.
7. Once you have lichen planus, you should be periodically examined by your dentist or physician so they can keep an eye on you and detect any other mouth changes that may occur.
8. If your lichen planus does not improve with special medications and if your taking medications for a chronic illness or disorder, ask your physician to consider an alternative medication as a trial to see if your mouth lesions are drug induced.
9. Talk with others who have lichen planus and find out about things which may work for them.

Benzoate Free Diet

Most benzoates are added to the diet as preservatives. Therefore, it is very important that you read the labels of any manufactures or prepared foods you consume and avoid those that mention any form of benzoate (example: benzoic acid, sodium benzoate, propyl 4-hydroxybenzoate).

Foods Likely to Contain Benzoates:

Soft Drinks: Carbonated beverages such as Coca Cola, lemonade and frozen drinks such as Slurpies.

Other Drinks: Instant coffee and tea, fruit juices including tomato juice unless marked “Preservative Free”, unfermented grape juice, chocolate drinks and syrups and beer.

Manufactured Fruit Products: Fruit based dessert sauces and pit fillings, fruit jellies, canned fruit including tomatoes, fruit yogurt unless marked “Preservative Free” and dried fruit.

Pickles and Sauces: Any pickled product such as herring, sauces such as horseradish, salad dressings, mayonnaise, bottled sauces such as soya sauce, tomato sauce, pickles, mustard and vinegar.

Miscellaneous: Artificial creams, liquid artificial sweeteners, cheesecake mix, and store bought cakes and pastries. Limit the use of artificial colorings and flavorings in home baking.

Toothpaste: Most toothpaste contains benzoates. Exceptions include Crest and MacCleans Fresh Mint.

If your condition does not improve after following the above diet information for three weeks, you should continue with the benzoate free diet instructions and exclude the following foods that contain very small amounts of natural benzoates:

Fruit: Peaches, strawberries, apricots, dried prunes, fruit yogurt and cranberry sauce (even if marked “Preservative Free”).

Honey: All types and products containing honey such as cereals, cough preparations, etc.

White Flour: Biscuits, cakes and pastries. Avoid white flour and use the whole meal varieties. Once your condition has cleared up, you may add the white flour products back into your diet slowly to see if you can tolerate them.

Information on the Cinnamon Free Diet

Foods Allowed

Soups:	Homemade
Meat:	Beef, Lamb, Poultry and Pork
Fish:	All Types
Eggs:	All Types
Cheese:	All Types
Bacon:	All Types
Fruit:	Fresh or Tinned
Vegetables:	Fresh
Dairy Products:	Milk, Butter, Margarine
Bread & Cake:	White or Brown Bread, Homemade Cakes & Biscuits, Cornflakes and Oatmeal
Drinks:	Tea, Coffee, Fruit Juices
Miscellaneous:	Sugar, Salt

Foods Forbidden

Tinned or Packet Soups
Canned Meat with Sauces, Curries, Chinese Food
Tinned Fish in a Sauce
Tinned in a Sauce
Cakes or Biscuits not Homemade
Toothpastes including Aim, Close-Up, Crest (Mint, Regular and Tartar Control), Colgate Tartar Control, Gleem, Chewing Gum, Mouthwashes, Pickles, Ketchup, Sweets and Chocolates, Powdered Aspirin