Use of antimalarials in oral Lichen Planus- An Enigma??

Nagpal A.1, Vohra P.2, Taneja L.3, Blaggana A.4

Abstract:

Lichen planus is a chronic, non infectious inflammatory disorder of the skin and mucous membrane associated with cell-mediated immunological dysfunction. It is estimated to occur in 0.5-2.0% of the population. It was described first by Erasmus Wilson in 1869 and it is a self limiting disorder. The oral lichen planus (OLP) occurs more frequently than the cutaneous form and tends to be more persistent and more resistant to treatment. The oral disease is potentially serious, as there is small but well documented risk of malignant transformation.

Key words: Lichen, Planus, Antimalarials, Enigma.

Introduction:

Lichen planus is a chronic, non infectious inflammatory disorder of the skin and mucous membrane associated with cell-mediated immunological dysfunction. It is estimated to occur in 0.5-2.0% of the population[1]. It was described first by Erasmus Wilson in 1869 and it is a self limiting disorder. The oral lichen planus (OLP) occurs more frequently than the cutaneous form and tends to be more persistent and more resistant to treatment. The oral disease is potentially serious, as there is small but well documented risk of malignant transformation[2]. No curative measures have been documented in oral lichen planus. Various empirical treatments for oral lichen planus (modified from Carrozzo and Gandolfo) are topical corticosteroids (betamethasone phosphate, betamethasone valerate, clobetasol propionate, fluocinolone acetonide, fluocinonide, fluticasone propionate, hydrocortisone hemisuccinate and triamcinolone acetonide), Systemic corticosteroids (prednisone, methylprednisolone), topical retinoids (fenretinide, isotretinoin, tazarotene, tretinoin), Systemic retinoids (acitretin, etretinate, isotretinoin, temarotene, tretinoin), Immunosuppressive agents (azathioprine, cyclosporin), Others (amphotericin A, basiliximab, diethyldithiocarbamate, dapsone, doxycycline, enoxaparin, glycyrrhizin, griseofulvin, hydroxychloroquine sulphate, interferon, levamisole, magnetism, mesalazine, phenytoin[3].

Correspondence: Dr. Archna Nagpal, Reader, Deptt. of Oral Medicine and Radiology PDM Dental College & Research Institute, Bahadurgarh-124507, Haryana, India Email: drarchnanagpal@rediffmail.com, Tel. no. +91-9818853302.

1Reader, 2Lecturer, 3Reader, Deptt. of Oral Medicine and Radiology PDM Dental College & Research Institute, Bahadurgarh-124507, Haryana, India 4Reader, Deptt. of Periodontics, PDM Dental College & Research Institute, Bahadurgarh-124507, Haryana.