Childhood Oral Lichen Planus: Report of Two Cases

Sageena George¹. Sheen Ann John2€, Anandaraj S¹, Jyoti Sumi Issac², Anoop Harris³, Reshmi J⁴

Professor. Department of Pedodonties and Preventive Dentistry, PMS College of Dental Science and Research, Trivandrum, India

Reader, Department of Pedodonties and Preventive Dentistry, PMS College of Dental Science and Research, Trivandrum, India

Senior Lecturer, Department of Pedodontics and Preventive Dentistry, PMS College of Dental Science and Research, Trivandrum, India

Post Graduate Student, Department of Pedodontics and Preventive Dentistry, PMS College of Dental Science and Research, Trivandrum, India

Corresponding author: Sheen Ann John, Department of Pedodontics and Preventive Dentistry, PMS College of Dental Science and Research, Triyandrum, India

drann78/a/hotmail.com

Received: 7 December 2014 Accepted: 26 March 2015

Abstract

Lichen planus (LP) is a chronic mucocutaneous disease widely recognized in adults, but uncommon in children. The purpose of this paper is to report two cases of LP in children. The diagnosis was made based on clinical and histopathological findings. The treatment consisted of antifungal and multivitamin therapy. Regression of lesions was observed. The patients are still under follow up.

Although LP is uncommon in children, it is necessary to have adequate knowledge about this condition for proper diagnosis and treatment.

Key words: Childhood; Lichen planus; Vaccination

Journal of Dentistry, Tehran University of Medical Sciences, Tehran, Iran (2015; Vol. 12, No. 5)

INTRODUCTION

Lichen Planus is an inflammatory mucocutaneous disease first described by Erasmus Wilson in 1869. It is a very common disease in adults [1,2] but uncommon in children. It can affect the skin, scalp, nails and mucous membranes [3]. In contrast to cutaneous LP, oral lichen planus (OLP) demonstrates clinical variability. An autoimmune basis has been proposed; however, there is evidence suggesting that LP is not a true autoimmune disease but rather a chronic, cell-mediated immune disorder involving activated lymphocytes and up regulating cytokine production [1,4].

Several retrospective reviews have estimated that only 1% -16% of LP patients are younger than 15 years [5,6]. Factors responsible for the rarity of juvenile OLP include a low incidence of autoimmune diseases, systemic diseases,

precipitating factors such as stress and LP related infections in children [7,8]. Lack of awareness among patients and parents may also be a contributing factor.

The purpose of this paper is to report two cases of childhood OLP and review the literature in this regard.

CASE REPORT

Case 1:

An 8 year-old male patient was referred to the Department of Pedodontics, PMS College of Dental Science and Research with the complaint of pain and white discoloration under the tongue. The patient had difficulty tolerating spicy food. The medical history revealed that the boy had been vaccinated against Japanese encephalitis one year earlier as part of school immunization program.