

# Recurrent Erosive Oral Lichen Planus: Clinical Presentation, Management and Follow-Up

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## Abstract

**Aim and Background:** Oral lichen planus (OLP) is a chronic immune-mediated mucocutaneous disorder with potentially malignant behavior. The erosive form is frequently symptomatic, may recur and requires long-term surveillance. This case report describes recurrent erosive OLP in a 60-year-old man and its multidisciplinary management.

**Case Description:** A 60-year-old man presented with pain in the upper right posterior tooth region for 2-3 days and recurrent oral ulceration with a burning sensation for 15 days. He had chewed gutkha for 10-15 years but had discontinued the habit 10 years earlier. Intraoral examination revealed bilateral erythematous and ulcerated lesions with whitish striations and patches on the buccal mucosa, together with superimposed candidiasis. Incisional biopsies performed in October 2023 showed hyperplastic and hyperkeratotic stratified squamous epithelium, basal-cell degeneration and a band-like lymphocytic infiltrate without epithelial dysplasia, supporting a diagnosis of OLP with leukoplakic changes. The patient re-presented in August 2025 with symptomatic erosive OLP and chronic pulpitis. Management included a tapering course of systemic prednisolone, topical corticosteroids, antifungal therapy, analgesics, mouth rinses and planned dental treatment. At the 15-day review, the burning sensation and ulceration had reduced.

**Conclusion:** Recurrent erosive OLP requires early diagnosis, comprehensive management and strict follow-up because of its chronic course and potential for malignant transformation.

**Clinical Significance:** This case emphasizes the importance of habit cessation, coordinated medical and dental management and long-term monitoring in patients with erosive OLP and associated dental disease.

**Keywords:** Oral Lichen Planus, Oral Leukoplakia, Tobacco Use Cessation

## 1. Introduction

The World Health Organization recognizes oral lichen planus (OLP) as a chronic inflammatory disorder of the oral mucosa that may occur with or without cutaneous lesions [6]. The reported global prevalence ranges from 0.5% to 2% [2, 3]. OLP most commonly affects adults between 30 and 80 years of age and shows a female predilection [3, 5].

Although its precise etiology remains uncertain, OLP is considered an immune-mediated disorder involving an abnormal T-cell response. Activation of CD4-positive T-helper cells and cytokine release contributes to damage of the basal-cell layer of the oral epithelium [2, 3, 4]. Clinically, OLP may present in six recognized forms: reticular, atrophic, erosive, papular, plaque-like and bullous. Lesions are generally bilateral, and the buccal mucosa, gingiva and tongue are the most frequently affected sites [5]. The reticular form may be asymptomatic, whereas the erosive and atrophic variants commonly cause pain, burning, swelling or occasional bleeding, particularly during the consumption of spicy foods. Erosive OLP is reported to be the second most frequent clinical subtype [3, 4]. Psychological stress, medication-related hypersensitivity and systemic conditions may predispose to or exacerbate OLP; therefore, the patient's age, systemic health, habits and psychological status should be considered during treatment planning [7, 8].

## 2. Patient Information

- **Age and sex:** 60-year-old man.
- **Occupation:** Retired.
- **Medical history:** No relevant systemic illness was reported.
- **Family history:** Non-contributory.
- **Habit history:** Gutkha chewing for approximately 10-15 years; the habit had been discontinued 10 years before the current presentation.
- **Past dental history:** Previous dental treatment approximately 4-5 years earlier.

## 3. Clinical Findings

In August 2023, the patient initially reported pain, a burning sensation and recurrent ulcerations involving multiple areas of the oral cavity. Symptomatic management was provided, and an incisional biopsy was advised. Bilateral buccal mucosal biopsies were performed in October 2023. In November 2023, the biopsy sites were reviewed, tobacco cessation counseling was reinforced, and topical corticosteroids, antifungal medication and analgesics were prescribed.

In August 2025, the patient re-presented with pain in the upper right posterior tooth region for 2-3 days and recurrent oral ulceration and burning of approximately 15 days' duration. Intraoral examination revealed bilateral whitish striations and patches with erythematous and ulcerated areas on the buccal mucosa, consistent with erosive OLP with superimposed candidiasis. Multiple missing teeth (17, 36 and 37), a root stump in relation to tooth 27, deep carious lesions involving teeth 15, 16, 46 and 47, and generalized periodontal bone loss were also noted. The clinical course was chronic and recurrent.

## 4. Diagnostic Assessment

Investigations included an orthopantomogram (OPG), routine blood tests and histopathological examination of bilateral buccal mucosal biopsies. The OPG demonstrated missing posterior teeth and generalized bone loss. Histopathological examination showed hyperplastic and hyperkeratotic stratified

squamous epithelium with basal-cell degeneration and a band-like lymphocytic infiltrate. No epithelial dysplasia or malignancy was identified. The overall findings supported OLP with leukoplakic changes. The differential diagnoses included oral lichenoid reaction, leukoplakia and chronic candidiasis. Diagnostic challenges included distinguishing OLP from a lichenoid reaction, accounting for habit-related mucosal changes and interpreting overlapping clinical and histopathological features in a long-standing recurrent lesion.

## 5. Therapeutic Intervention

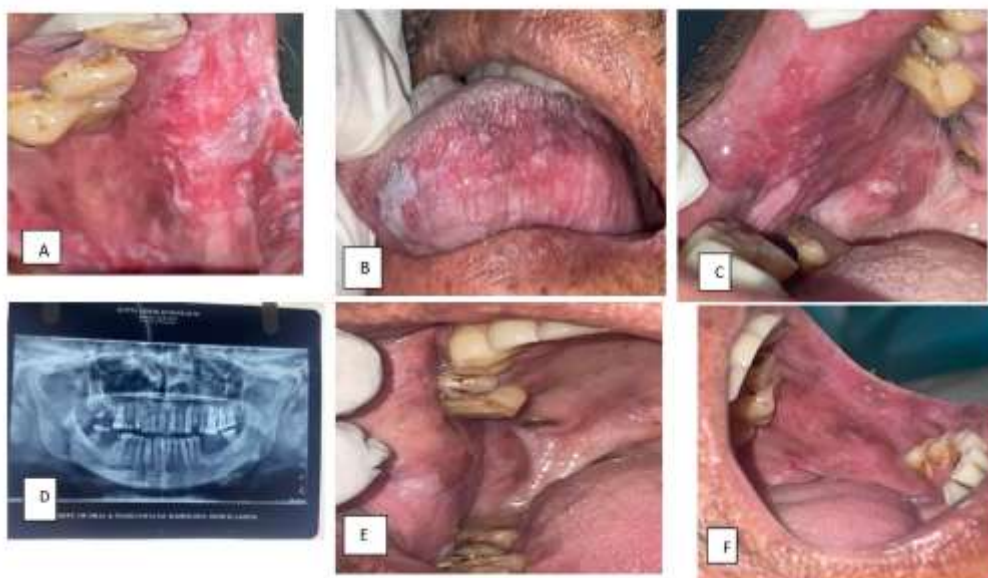
Systemic corticosteroid therapy was prescribed as prednisolone 5 mg three times daily for 5 days, twice daily for the next 5 days and once daily for the following 5 days. Topical and symptomatic therapy included triamcinolone acetonide oral paste, triamcinolone ointment, clotrimazole mouth paint, benzocaine gel and benzydamine hydrochloride mouthwash for 15 days.

Dental management included planned extraction of non-restorable teeth 17 and 27, root canal treatment for teeth 15, 16, 46 and 47, and periodontal therapy comprising scaling and subgingival curettage. The patient was counseled regarding continued tobacco abstinence and dietary modification.

## 6. Follow-Up and Outcomes

At the 15-day follow-up, the patient reported marked symptomatic improvement, with reduced burning sensation and ulceration and improved tolerance to food. Because of the recurrent nature of erosive OLP and its potentially malignant behavior, follow-up at 15-day intervals was advised initially, followed by long-term surveillance. At the latest documented review, no evidence of malignant transformation was present.

**Figure 1: Clinical and Radiographic Findings**



A: Erythematous area with whitish striations on the left buccal mucosa adjacent to the molar teeth. B: Diffuse whitish striations with erythematous areas on the dorsal surface of the tongue. C: Erythematous area with whitish patches on the right buccal mucosa adjacent to the molar region. D: Orthopantomogram showing missing posterior teeth with generalized bone loss. E: Healed lesion on the

right buccal mucosa adjacent to the molar region. F: Healed lesion on the left buccal mucosa adjacent to the molar region.

## **7. Discussion**

Oral lichen planus is a chronic immune-mediated mucocutaneous disorder with a reported prevalence of 0.5%-2% in the general population. It most often affects middle-aged and older adults and has a female predilection [7, 8]. The erosive form is clinically important because of its painful course, tendency to recur and recognized risk of malignant transformation [9, 10].

The present patient had recurrent painful ulcerations and a burning sensation consistent with erosive OLP, complicated by superimposed candidiasis, chronic pulpitis and periodontal disease. Habit-related mucosal changes and local dental infection further complicated the clinical presentation. Similar observations have been reported in patients in whom local irritants and coexisting oral disease perpetuate OLP lesions [11, 12].

Histopathological evaluation demonstrated hyperkeratosis, basal-cell degeneration and a band-like lymphocytic infiltrate without epithelial dysplasia or malignancy. These findings are consistent with the classical microscopic features of OLP. Although erosive OLP has potentially malignant behavior, malignant progression is not inevitable; clinicopathological correlation and vigilant long-term follow-up remain essential [13, 14].

Management of OLP is challenging because of its chronic and relapsing course. Corticosteroids remain the principal therapy for controlling pain and inflammation [14, 15]. In the present case, a combined regimen of systemic and topical corticosteroids, antifungal therapy, symptomatic medication and dental treatment produced notable short-term relief. Multimodal management is particularly important in persistent disease or when candidiasis and dental infection coexist [15, 16]. This case therefore supports a multidisciplinary approach incorporating pharmacological therapy, elimination of local irritants, habit cessation and regular surveillance.

## **8. Conclusion**

Recurrent erosive OLP remains a therapeutic challenge. Early recognition, clinicopathological correlation, elimination of local irritants, continued habit cessation and coordinated medical and dental care are important for symptom control. Long-term monitoring, with repeat biopsy when clinically indicated, is essential because of the risk of malignant transformation.

## **9. Clinical Significance**

Erosive oral lichen planus requires careful evaluation because of its chronic course, symptomatic presentation and potential for malignant transformation. Comprehensive management and long-term surveillance may improve patient comfort, reduce recurrence and support early detection of clinically significant change.

## **10. Informed Consent**

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical and radiographic information.

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