



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

ORAL LICHEN PLANUS WITH OCULAR INVOLVEMENT

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INTRODUCTION: The oral lichen is difficult to manage and does not regress spontaneously. This disease mainly affects the elderly and many drugs used for the management of systemic diseases develop lichenoid lesions as side effects.

METHODOLOGY: A 55-year-old woman presents with pain in the oral mucosa after eating certain spicy or acidic foods. Interrogation indicates that these pains began after injuries to the oral mucosa caused by dental trauma. The examination of the patient at the level of the oral mucosa shows Poorly defined violaceous plaque with lacy, white pattern. Gingival margins are erythematous and edematous with painful lesions resulting in plaque formation on the teeth due to poor hygiene. At the ocular level, there were purple papules on the eyelids. The eyes were red, and pain related to eye movement was present. No particularity was noted on the other sites of the disease.

RESULTS: Laboratory examinations did not reveal any particularities. Liver enzymes were normal. Ophthalmological examination found scleritis. With the presence of the Wickham striations observed during the dermatological examination and the Koebner phenomenon, the diagnosis of oral lichen was retained. For the management of oral lichen plan, mouth baths with topical anesthetics have been prescribed for the relief of pain. A therapeutic combination of topical corticosteroids (morning) and topical calcineurin inhibitor (evening) has been recommended. For prophylaxis against oropharyngeal candidiasis, an antimycotic treatment is useful for this patient. For ocular involvement (Scleritis), a topical corticosteroid has been recommended.

CONCLUSION: No oral lichen treatment is curative. The treatment is suppressive of local or systemic adverse effects but also of the recurrence of the lesions after stopping the treatment.

