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RISK FACTORS AND CLINICAL DIAGNOSTIC METHODS FOR ORAL LICHEN PLANUS

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Relevance. Oral lichen planus (OLP) is a chronic inflammatory disease affecting the oral mucosa. The disease predominantly affects middle-aged women. The World Health Organization (WHO) classifies OLP as an oral potentially malignant disorder. Risk factors associated with higher transformation rates include epithelial dysplasia, tobacco and alcohol consumption, lingual lesion location, erosive clinical forms, and hepatitis C virus infection. The diagnosis of OLP presents a significant clinical challenge due to the diversity of clinical manifestations and overlap with other oral lesions, including oral lichenoid reactions, leukoplakia, and autoimmune bullous diseases.

Aim: to analyze risk factors associated with oral lichen planus, review current clinical diagnostic methods including WHO and American Academy of Oral and Maxillofacial Pathology (AAOMP) criteria, and develop a structured patient questionnaire and clinical examination card for comprehensive patient assessment.

Materials and methods. A systematic literature review was conducted. Two original diagnostic instruments were developed: a patient questionnaire and a clinical examination card. The questionnaire comprises items covering demographic data, symptom characteristics (pain, burning, dryness, bleeding), disease course, triggers (spicy foods, stress, dental treatment), behavioral habits (smoking, alcohol), medical history, and prior OLP diagnosis. The clinical examination card includes dental status assessment (DMF index, OHI-S, CPI), presence of prosthetic appliances with material specification, systemic diseases, and oral lesion mapping. Data collection also incorporates patient dental records, photographic documentation, and biopsy indications.

Results and their discussion. Female sex is a consistent risk factor for OLP. Mean age at diagnosis ranges from 44 to 52 years. Tobacco and alcohol consumption are associated with higher malignant transformation risk. Hepatitis C virus infection also increases the risk of neoplastic change. Dental materials represent important risk factors for oral lichenoid reactions. Removal of causative dental material often leads to lesion resolution, whereas idiopathic OLP requires immunomodulatory therapy. The WHO diagnostic criteria require: bilateral symmetrical lesions; reticular forms may be accompanied by erosive, atrophic, or bullous subtypes; and histopathological evidence of liquefaction degeneration of basal cells with a band-like lymphocytic infiltrate. The AAOMP position paper similarly emphasizes that definitive OLP diagnosis requires both clinical and histopathological correlation. Clinical forms include reticular (most common, characterized by Wickham striae), erosive, atrophic, plaque, bullous, and papular types. The literature distinguishes between idiopathic OLP (true OLP) and secondary oral lichenoid lesions (reactions to medications, dental materials, or systemic diseases). A clinical diagnosis must be verified by histopathological confirmation. The developed patient questionnaire captures symptoms (pain, burning, dryness, bleeding), symptom intensity on a 10-point scale, disease duration, triggers, medical history, behavioral risk factors, prior OLP diagnosis, and family history. The clinical examination card quantifies dental status, documents prosthetic appliances, and maps oral lesions. Differential diagnoses include lichenoid drug reactions, contact lichenoid reactions, leukoplakia, lupus erythematosus, pemphigoid, pemphigus vulgaris, and candidiasis.

Conclusions. Oral lichen planus predominantly affects middle-aged women. Risk factors include tobacco, alcohol, hepatitis C virus infection, and hypersensitivity to dental metals. Clinical diagnosis follows WHO and AAOMP criteria requiring both clinical examination and histopathological confirmation. A standardized diagnostic protocol was developed incorporating risk factor assessment, lesion mapping, dental status evaluation, and integration of patient records and photographic documentation. The distinction between clinically suspected and histopathologically confirmed diagnoses guides therapeutic decisions.