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## CLINICAL AND MORPHOLOGICAL CHARACTERISTICS OF ORAL LICHEN PLANUS

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**Relevance.** Oral lichen planus (OLP) is a chronic inflammatory disease affecting the oral mucosa, and its diagnosis represents a significant clinical challenge due to the diversity of clinical manifestations and overlap with other oral lesions. The worldwide prevalence of OLP ranges from 0.5% to 2% of the adult population, making it a relatively common disease of the oral mucosa. The gold standard for verification of the clinical diagnosis of OLP remains pathohistological examination. Given its chronic nature and ability to cause pain and discomfort, accurate diagnosis and appropriate treatment are essential to improve patients' quality of life.

**Aim:** to characterize clinical and morphological features of OLP.

**Materials and methods.** 69 patients with clinical diagnosis of OLP (between 2013 and 2023 from the Dental University Clinic) were included in the study. Clinical and histopathologic data from the pathohistologic referral were analyzed. Additionally, during the course of the study, gender and age of the patients, clinical forms of OLP, localization of the process, and various morphological features were analyzed in detail with regard to the clinical manifestations of the disease that were taken into account.

**Results and their discussion.** Out of 69 patients clinically examined, the vast majority, 73.9% (n=51) were female and 13.0% (n=9) were male, in 13.0% (n=9) of cases the gender was not mentioned. The female-to-male ratio was 6:1. The minimum age of patients was – 21, and the maximum age was – 83 (median age 52.5 years, lower quartile 42.5 years, upper quartile 62.5 years). In 59.5% (n=41) of cases only one clinical diagnosis – OLP – was mentioned in the referral, in 24.6% (n=17) two clinical diagnosis – OLP and leukoplakia – was present, and to the least extent – 15.9% (n=11) cases there was three different clinical diagnosis – OLP, leukoplakia and candidiasis – stated in the same case. Based on the clinical manifestations of OLP two forms of disease was distinguished: uncomplicated and complicated. The uncomplicated forms including typical – in 45.2% (n=19) of cases and hyperkeratotic – in 7.1% (n=3) of cases. The complicated forms being: exudative-hyperemic – in 7.1% (n=3) of patients, erosive – in 16.7% (n=7), bullous – in 14.2% (n=6) cases. The most common localization of OLP was the cheeks, accounting for 31.9% (n=22) cases, alveolar process – in 24.6% (n=17), tongue – 8.9% (n=9). The most typical and not dependent on the form of dermatosis pathohistological features of OLP include: band-like lymphocytic inflammatory infiltrate (62.2%), hydropic degeneration of epidermal basal cells (70.2%), blurring of the basement membrane (35.1%), exocytosis of lymphocytes (59.5%), parakeratosis (43.2%), and spongiosis (5.4%). Typical for cutaneous lichen planus, the «saw-tooth» acanthosis was present only in 5.4% of OLP cases, other types of acanthosis was observed in 18.9% of cases.

**Conclusion.** OLP predominantly affects women, with a significant female-to-male ratio of 6:1 with patients' median age 52.5 years. The most common clinical form of OLP is typical (45.2%), and the primary site of localization is the mucous membrane of the cheeks (31.9%). Morphologically, OLP often presents with pathohistological changes such as hydropic degeneration of epidermal basal cells (70.2%), exocytosis of lymphocytes (59.5%), and band-like lymphocytic inflammatory infiltrate (62.2%). «Saw-tooth» acanthosis is not typical for OLP and was found only in 5.4% of cases. The presence of various forms, including erosive (16.7%) and bullous (14.2%), demonstrates its clinical variability. Additionally, OLP frequently mimics leukoplakia and candidiasis, underscoring the complex inflammatory processes in the oral cavity. These findings align with existing literature, confirming the multifaceted nature of OLP.