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**КЛИНИКО-МОРФОЛОГИЧЕСКАЯ ХАРАКТЕРИСТИКА  
ПЛОСКОГО ЛИШАЯ СЛИЗИСТОЙ ОБОЛОЧКИ ПОЛОСТИ РТА**

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**CLINICAL AND MORPHOLOGICAL CHARACTERISTICS  
OF ORAL LICHEN PLANUS**

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**Резюме.** Данное исследование освещает клинические и морфологические характеристики плоского лишая слизистой оболочки полости рта (ПЛ СОПР). Анализировалась группа из 69 пациентов, преимущественно женщин (73.9%), с медианным возрастом 52.5 лет. Установлены клинико-морфологические особенности ПЛ СОПР.

**Ключевые слова:** плоский лишай, хроническое аутоиммунное заболевание, клинические проявления, морфологические характеристики, патогистологические особенности.

**Resume.** This study elucidates the clinical and morphological characteristics of oral lichen planus (OLP). A cohort of 69 patients, primarily female (73.9%), with a median age of 52.5 years, was analyzed. Clinical and morphological features of OLP were established.

**Keywords:** oral lichen planus, chronic inflammatory disease, clinical manifestations, morphological characteristics, pathohistological features.

**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 [1,4]. 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 [3]. Given its chronic nature and ability to cause pain and discomfort, accurate diagnosis and appropriate treatment are essential to improve patients' quality of life [2].

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

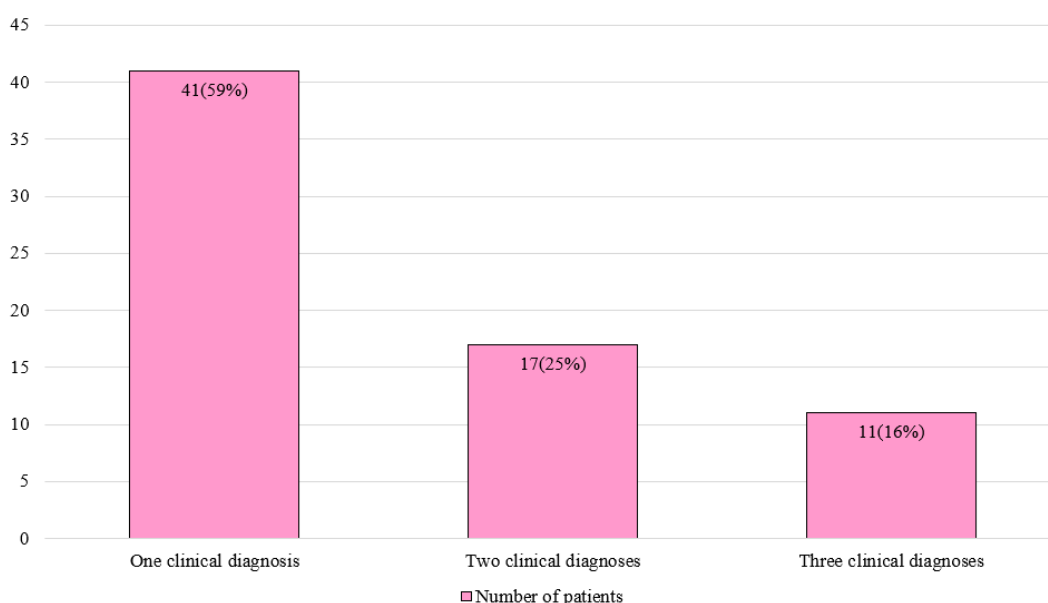
**Objectives:**

1. Evaluate OLP taking into account age and gender of patients.
2. To determine the spectrum of clinical forms of OLP.
3. Establish the histopathologic 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 pathohistological 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 (Diagram. 1.).

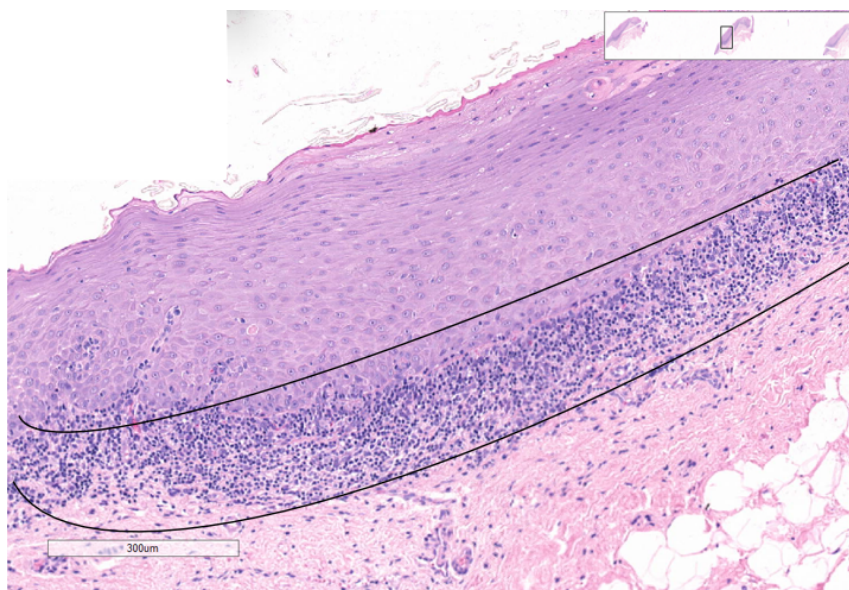


**Diagr. 1** – Prevalence of 1, 2 or 3 clinical diagnoses in same patient mentioned in referral. One diagnosis – OLP, two diagnoses – OLP and leukoplakia, three diagnoses – OLP, leukoplakia and candidiasis

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, not dependent on the form of dermatosis and common pathohistological features of OLP include: hydropic degeneration of epidermal basal cells (70.2%), band-like lymphocytic inflammatory infiltrate (62.2%) (Figure.1.), exocytosis of lymphocytes (59.5%), parakeratosis (43.2%), blurring of the basement membrane (35.1%) and others.



**Fig. 1** – Band-like lymphocytic inflammatory infiltrate. Referral of patient from Dental University Clinic. Male, 31 years old, location of the lesion on the lateral tongue (root part), double clinical diagnosis of OLP and leukoplakia

Typical for cutaneous lichen planus, the «saw-tooth» acanthosis was present only in 5.4% of OLP cases, other types of acanthoses were observed in 18.9% of cases. Other pathohistological features are present in Table. 1.

**Tbl. 1.** Most typical, not dependent on form of dermatosis pathohistological features of OLP

Features of OLP	Frequency in %
hydropic degeneration of epidermal basal cells	70.2
band-like lymphocytic inflammatory infiltrate	62.2
exocytosis of lymphocytes	59.5
parakeratosis	43.2
blurring of the basement membrane	35.1
spongiosis	5.4
«saw-tooth» acanthosis	5.4
acanthosis (other types)	18.9

**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.

#### Literature

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