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## The Clinical Misdiagnosis of Lichen Planus and its Potential for Untoward Outcome

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# The Clinical Misdiagnosis of Lichen planus and Its Potential for Untoward Outcome

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## INTRODUCTION

- The diagnosis of “lichen planus” may be incorrectly applied to a solitary white lesion and to lesions with ulceration, referred pain and lack of response to corticosteroid therapy.
- In two patients, the diagnosis of “lichen planus” lead to the delayed recognition of squamous cell carcinoma requiring extensive surgery.

### Differential Diagnosis of Oral White Lesions

Lesion Name	Clinical Presentation	Unique Feature
<b>Candidiasis</b>	Generalized wipeable white plaques	Acute, presents with burning and taste
<b>Lichen planus</b>	Bilateral diffuse white plaques with striae	Chronic, may be symptomatic or asymptomatic
<b>Frictional keratosis</b>	Ragged diffuse white patches in the area of chronic trauma	Chronic and asymptomatic, usually at the occlusal plane
<b>Leukoplakia</b>	Well-defined/speckled white/red plaque	Chronic and asymptomatic, solitary

## CONCLUSIONS

- 1) A solitary lesion diagnosed as “lichen planus” and presenting with atypical features such as ulceration, referred pain and lack of response to corticosteroid therapy requires biopsy/rebiopsy.
- 2) Discrepancies between the pathological interpretation and clinical misdiagnosis should be resolved prior to initiation of long term therapy.

## CASE 1

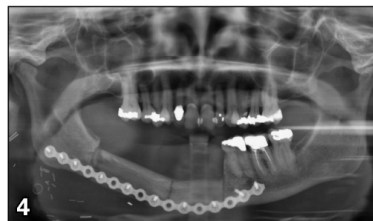
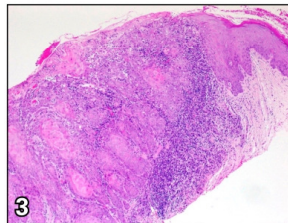
- 70-year-old female
- Seen for “sores on her gums” of one year
- Diagnosed 20 years previously with lichen planus; now complains of red, painful gingiva.
- Lower anterior teeth mobile and splinted by her dentist
- Patient used pimecrolimus without improvement.
- Oral examination reveals diffuse white and red speckled plaques noted in the anterior mandibular vestibule involving the gingiva of #22-29, with swelling on the lingual (Figures 1 & 2).

### Diagnosis

Squamous cell carcinoma (Figure 3)

### Plan

Treated with surgery and radiation (Figure 4)



## CASE 2

- 53-year-old female
- Seen for a non-healing tongue lesion and ear pain (Figure 5)
- Clinically diagnosed as lichen planus in April 2014.
  - Biopsy showed moderate dysplasia (Figure 6)
  - Lesion: totally excised
- Recurrence in Jan. 2016
- Treated with topical and lesional injections of corticosteroid and topical tacrolimus but remained painful and swollen.
- Oral examination reveals a solitary, well-defined 2 x 2 cm ulcerated white plaque on the right latero-ventral tongue, stained with Toluidine blue (Figures 5 & 7).

### Diagnosis

Invasive squamous cell carcinoma (Figure 8)

### Plan

Treated by surgical excision (Figures 9 & 10)

