Objective: To understand the dental hygienist’s role in the management of patients with oral lichen planus (OLP). Signs of OLP are clinically seen as lacy white, raised patches of tissue and/or as red, swollen, tender patches of tissue. These lesions are most commonly visible on the buccal mucosa; other common locations are the gingiva, tongue, alveolar mucosa, and the palate. Patients with OLP typically experience a burning sensation or pain in the area. Our patient presented with generalized slight to moderate plaque induced and localized non-plaque induced gingivitis evidenced by hypersensitivity involving the papilla, white and pale pink gingiva, blunted, and sloughing papilla. Raised white patches were clinically noted on the left buccal alveolar mucosa, the left buccal mucosa, and with similar but fewer patches on the right buccal tissues. Patient indicated being more symptomatic a couple weeks prior to her visit, but she was unsure why. She expressed that the inside of her cheeks felt very painful and these symptoms “come and go.” Patient reported no history of medication. Her oral hygiene habits consist of brushing once a day with an electric tooth brush, flossing once a day, and using Listerine mouth rinse once a day. While there is no cure for OLP, current treatment includes systemic and topical corticosteroids. Palliative care during a dental hygiene appointment would include the use of topical and local anesthetics. When treating a patient with OLP, it is important that the dental hygienist recognizes the signs and symptoms in order to determine an appropriate care plan while keeping pain and discomfort to a minimum; and to provide the patient with the knowledge to care for lichen planus at home.

DENTAL HYGIENE MANAGEMENT FOR PATIENTS WITH ORAL LICHEN PLANUS

Detecting and evaluating clinical lesions are extremely important, indicating any changes to these lesions even more so. It is important to evaluate and biopsy any significant changes due to the malignancy potential of the condition. Systemic and topical corticosteroids are main treatments used for oral lichen planus; clinicians should be aware of the dental effects caused by these treatments in order to adequately manage and treat these patients. Because of the pain associated with lichen planus, the patient may not brush as well. This neglect can then allow debris and bacteria to remain on the teeth and tissue, thus forming dental plaque. The plaque, in turn, will exacerbate the already inflamed tissues affected by lichen planus. It is important for the dental hygienist to emphasize the importance of maintaining good oral hygiene to prevent the development new lesions. When a patient presents with oral lichen planus the dental hygienist should determine a treatment strategy so that the patient is not in pain. This could include the use of topical or local anesthesia, and suggesting the patient to use an alcohol-free mouth rinse and flavor-free toothpaste. After the prophylaxis, the condition may flare up and current lesions may worsen. Stressing the importance of the adequate oral hygiene regimen to alleviate these symptoms and getting a dental cleaning at least every 6 months is essential.

REFERENCES