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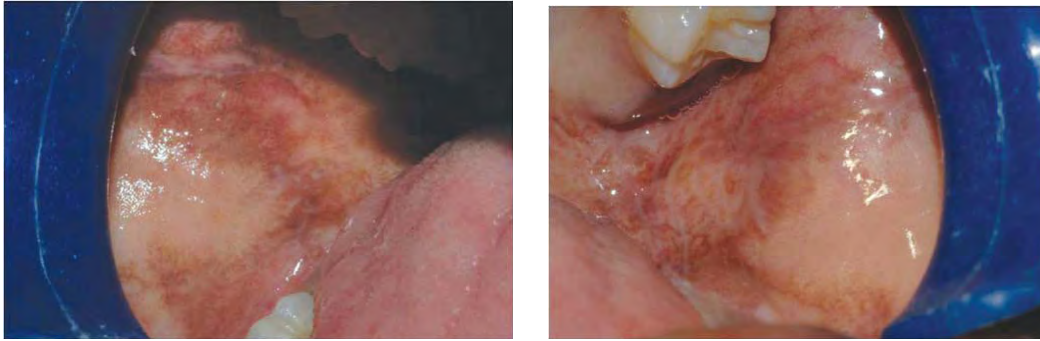
內文：

### 1. Introduction

- Lichen planus is a common chronic inflammatory disease of skin and mucous membranes.
- It is seen most frequently in the middle aged and elderly population and has a female to male ratio of approximately 2:1.
- The etiology of lichen planus remains uncertain but many factors have been implicated. Such factors include genetic predisposition, infective agents, systemic diseases, graft-vs.-host disease, drug reactions, and hypersensitivity to dental materials and vitamin deficiencies.
- Lichen planus has been associated with several auto-immune diseases, including lupus erythematosus, pemphigus, Sjögren's syndrome and autoimmune liver disease.
- The pathogenesis of lichen planus is not completely understood but a T-lymphocyte infiltrate suggests cell-mediated immunological damage to the epithelium.
- Up to six clinical appearances of oral lichen planus have been described,5 including reticular, atrophic, plaque-like, popular, erosive and bullous types.
- The characteristic sites involved are the buccal mucosa dorsum of the tongue and less frequently the gingival.
- There is very little literature on oral lichen planus occurring in childhood.

### 2. Case Report

- Personal data: a 12 y/o female
- Chief complaint: burning sensation in her mouth on consuming food for the past 3 months and bilateral pigmentation on the inner part of her cheek.
- Medical history: noncontributory.
- Extra-oral examination: with no skin rashes.
- Intra-oral examination: bilaterally bluish purple striations in the posterior buccal sulci extending onto the buccal mucosa. This was approximately 8 mm × 12 mm in size, flat and nontender on palpation.



- The dental state was excellent and there were no amalgam restorations. No other mucosal or skin surfaces showed lesional changes.
- A provisional diagnosis of reticular lichen planus was made based on clinical examination.
- Routine haematology, biochemistry and immunology screen were normal except, Haemoglobin which was 9 gm% (normal range 12-14%).
- Histopathological reports confirmed the diagnosis of the lesion to be Lichen Planus.
- Treatment: topical application of 0.05% Tretinoin cream and under weekly review for the first month. Based on the prognosis a decision will be made after a month, whether to start the patient on systemic steroid therapy.

### 3. Discussion

- Childhood lichen planus has been documented as a complication of Hepatitis B vaccinations . The recombinant proteins of the HBV vaccine, specially the may trigger a cell-mediated auto-immune response targeted at keratinocytes giving rise to a lichenoid reaction.
- It is also found in association with predisposing conditions such as graft-vs-host disease and chronic active hepatitis C.
- Studies of children with mucocutaneous lichen planus have shown a very low incidence of oral involvement(Kumar et al).
- Familial lichen planus has been reported as being uncommon. Childhood familial lichen planus
- occur at an early age and with greater severity.
- Childhood lichen planus is more common in the tropics<sup>14</sup> and that children of Asian origin may be prone to the condition.(Ramsey and Hurley)

### 4. Conclusion

- Although oral lichen planus is considered rare in childhood, the presence of often asymptomatic oral lesions should alert the clinician to such a diagnosis.

題號	題目
1	關於 lichen planus 下列何者敘述錯誤? (A) 好發於中老年人 (B) 男女比為 2:3 (C) 好發於兒童 (D) 口腔中的病灶常見的有 reticular 和 erosive 兩種型態
答案(C)	出處：Oral and Maxillofacial PATHOLOGY, third edition, P680
題號	題目
2	關於 lichen planus 的病理切片特徵下列何者敘述錯誤? (A) Rete ridges 變薄而平順 (B) 可見 hyperkeratosis (C) 表板下有 band-like lymphocytes infiltration (D) Spinous layer 的厚度變化較大
答案(A)	出處：Oral and Maxillofacial PATHOLOGY, third edition, P683