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內文：

Introduction

1. Lichen planus(LP) is an autoimmune, chronic, inflammatory disease that affects mucosal and cutaneous tissues.
2. The exact etiology of LP is unknown, but it is believed to result from an abnormal T cell-mediated immune response.
3. Basal epithelial cells are recognized as foreign because of changes in the antigenicity(抗原) of their cell surface.
4. Oral lichen planus(OLP) is a common disease in the middle aged and elderly population. In children, it is very uncommon.
5. The oral lesions are more pleomorphic(多形性) and subtypes are categorized as reticular(網狀), papular(丘疹性), plaque-like(斑塊狀), atrophic(萎縮性), erosive(侵蝕性), and bullous(大皰性). The erosive form is extremely rare in children.

Case Report

1. A 12 y/o boy reported to the Department of Pedodontics and Preventive Dentistry, with the chief complaint of ulcer on his dorsum of the tongue which is causing burning sensation on consuming spicy foods from past 1 year.
2. There is no significant medical history observed. On extra oral examination, patient was normal. On intraoral examination, a single irregular red and white ulcerative lesion measuring approximately 2.5 × 1.0 cm in size with granulation tissue at the centre surrounded by an inflammatory red border on the dorsum of the tongue was noticed.
3. There was a depapillation(乳突消失) of filiform papillae in and around the lesion (Figure 1). Oral hygiene of the patient was good without any dental restorations.
4. The differential diagnosis was lichen planus and lichenoid lesions. To exclude lichenoid reaction, we investigated his medical status and there was no history of any drug intake. The patient and his parents also denied any habits that may potentially cause oral mucosal ulcerations.
5. Histopathological examination showed hyperparakeratosis(高度不完全角化) of stratified squamous epithelium and basal cell degeneration with dense band-linked lymphocytic infiltration at the epithelial- connective tissue interface (Figure 2).
6. Specific treatment for ulcerative OLP was topical 0.1% triamcinolone acetonide combined with 1% clotrimazole 3–5 times per day for a duration of one week. Topical anesthetic was given for the pain relief. First review of the patient after 15 days showed significant reduction in both symptoms and signs of the oral lesions (Figure 3). After 15 days, there was good prognosis in the recovery of ulcerative lichen planus (Figure 6). Erosive oral ulcerative oral lichen planus had completely healed at the end of 30 days (Figures 4 and 7). Patient was observed on periodic recall follow up.

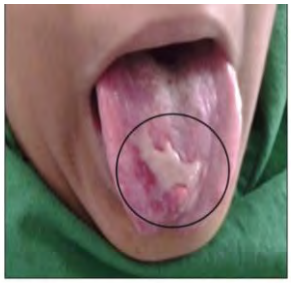

FIGURE 1: Dorsum of tongue showing ulcerative lesion.

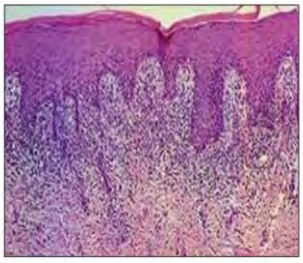

FIGURE 2: Photomicrograph (5x magnification) of the lesion.

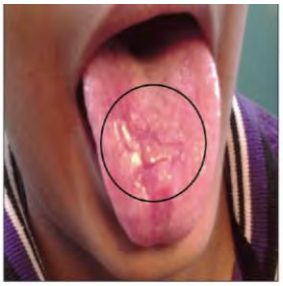

FIGURE 3: Mid treatment (15th day of treatment) showing reduction in size & healing of the ulceration.

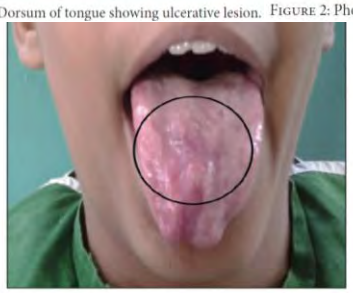

FIGURE 4: Complete healing of ulcer on tongue (after 30 days of treatment).

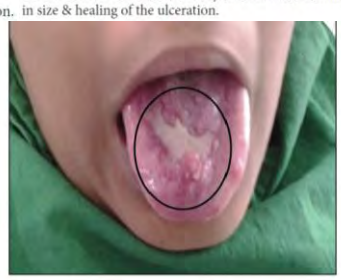

FIGURE 5: Pretreatment photograph showing ulcer on dorsum of tongue.

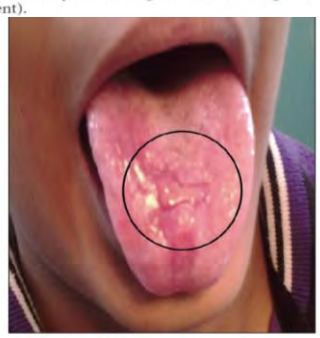

FIGURE 6: Mid treatment photograph showing resolution size of the lesion.

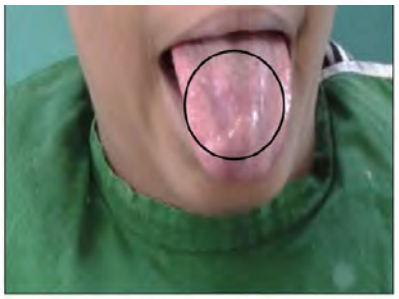

FIGURE 7: Posttreatment photograph showing complete healing of ulceration.

Discussion

1. Oral lichen planus can be divided into a hyperkeratotic (white) variant, commonly without symptoms, a reticular type(網狀) with Wickham striae (often symmetrical), and papular and plaque-like types.
2. The atrophic/erythematous(萎縮性/紅斑) (red) variant and the erosive/ulcerative (yellow) variant often have persistent symptoms of pain or stinging aggravated during talking and eating spicy foods. The lesions were found more commonly on the buccal mucosa (often symmetrical), lateral margins of the tongue, gingiva, and lips.
3. The family history of LP is more commonly positive in patients with LP in childhood than in adulthood.
4. Sharma and Maheshwari reported 50 children with LP and with concomitant(伴隨) oral lesions in 15 of them and they stated that the oral mucosa seems to be less commonly involved in children with LP than in adults.
5. Predisposing(誘發) conditions such as graft-versus-host disease(移植物對抗宿主疾病), active hepatitis(肝炎), and hepatitis B immunization are rather frequently mentioned in these reports. Kanwar and Kumar reported only one case having oral ulcerative lichen planus out of 25 patients with cutaneous lichen planus.
6. Handa and Sahoo reported 87 patients with childhood LP in India. Seven patients showed involvement of the oral mucosa and only one patient had oral ulcerative lichen planus without skin involvement.
7. A 10-year study was done by Ronald Laeijendecker et al., which was comprised of

10,000 patients below 18 years, with a boy to girl ratio of 1 : 1, and which has shown that the only 3 patients (0.03%) were diagnosed with oral lichen palnus. A study done in the United Kingdom by Alam and Hamburger on boys aged between 6 and 14 years over a period of 20 years has proved that only 6 boys have been diagnosed with OLP and interestingly among 6 patients, 4 were Asians. In 1994, Scully et al. reported 3 girls with OLP, one of whom was from Asian origin.

8. The diagnosis of OLP may be missed due to irregular dental checkups, lack of symptoms, and ignorance by clinicians in diagnosing the condition.
9. The prognosis and the effect of treatment in OLP in children seem to be more favorable than in OLP in adults. Malignant transformation of ulcerative OLP in adults is 0.07% to 5%; however, malignant transformation of OLP in children is not documented in the literature.

Conclusion

1. Oral lichen planus in childhood is rare, especially erosive form; diagnosis should be based on children presenting with ulcerative white lesion in oral cavity. The schedule of follow up of OLP in children should be 7 days, 15 days, and 30 days after diagnosis to assess healing. Patient should be reviewed twice a year for regular follow ups after complete progress of the present condition. However, generally, the prognosis of oral lichen planus in childhood seems to be more favorable compared to adults.

題號	題目
1	Most patients with lichen planus are (A) infants (B) children and teenagers (C) middle-aged adults (D) the elderly
答案(C)	出處：Oral and Maxillofacial Pathology, Third Edition, p.783
題號	題目
2	The most common site of oral involvement of lichen planus is (A) tongue (B) lower lip (C) gingiva (D) posterior buccal mucosa
答案(D)	出處：Oral and Maxillofacial Pathology, Third Edition, p.784