



EROSIVE LICHEN PLANUS – PRECANCEROUS MUCOCUTANEOUS INCIDENCE FOUND IN POST COVID PATIENT: CASE REPORT, SYSTEMIC REVIEW AND ANALYSIS.

Dentistry

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KEYWORDS

Hyperparakeratinisation, Corticosteroids, Acanthosis, Rete ridges, Intralesional Injection, Oral Lichen Planus.

COVID 19 Pandemic has posed a global threat victimizing millions of lives within a last couple of years. The trail of Post Covid sequelae involve multisystem ailments. The uprising surges of various oral potentially malignant disorders are no exception to the plethora of lesions.

- **Case Report:** A 63- year-old male patient, was referred to the Department of Oral Medicine and Periodontology, Department of Faculty of Dentistry, Mansoura University Egypt in April 2021. Patient complained chiefly of burning sensation of the mouth specially in the tongue and buccal mucosa, while taking hot and spicy food.
- **History of Present Illness:** Patient recovered from COVID-19 infection a month ago, when he experienced the above mentioned oral manifestations.
- **Clinical Evaluatory Findings (Signs and Symptomatology)-** Intraoral Examination – Painful, erosive areas involving patches of erythematous and whitish areas. Radiating striae observed of faint white zone observed in buccal mucosa in a typical 'lace like' pattern
- **Baseline Investigations:**
 1. Histopathology - A 4mm Punch cut Biopsy obtained from Buccal Mucosa.
 2. Culture to rule out secondary microbial infections
 3. Haemogram to exclude chances of co-morbid secondary disorders
- **Histopathology Microscopical Examination -**
 1. Hyperplastic epithelium surface showing hyperparakeratinisation
 2. Thickening of granular cell layer, acanthosis with intercellular edema of spinous cell layer.
 3. Intact basement membrane with band like chronic inflammatory and subepithelial lymphocytic cell infiltration in the connective tissue
 4. Saw tooth shaped epithelial rete ridges seen, Liquefaction degeneration of basal cells

Impression: The overall histopathological feature reveals of **Lichen Planus**.

- **Differential Diagnosis:**
 - Leukoplakia
 - Lichenoid Reaction
 - Candidiasis
 - Pemphigoid (Mucocutaneous type)
 - Discoid Lupus Erythematosus

Treatment

1. Symptomatic Palliative treatment:- Topical Corticosteroid, Tacrolimus(gel), Oral Corticosteroid – Prednisolone
 2. Lidocaine Mouthrinses for providing relief during intake of food
 3. In severe cases, intra lesional corticosteroid therapy may be advised.
 4. Vitamin A based creams(Topical Retinoic Cream)
 5. UV Light Therapy for some cases
- Periodic follow-up advised.

- **Clinical Discussions:** Since patient is on a steroid therapy, multisystemic health checkup must be maintained and dealt accordingly. The effect of COVID-19 posing the tendency to find lichen planus lesions in patients. The line of the disease progression involved the initiation of the cascade of autoimmune reaction in the body. It activated the inflammatory elements and mediators of the reactive pathway.
- **Prognosis:** Lichen Planus being a chronic condition, lacks a specific treatment as such. Only palliative and symptomatic treatment to be given. Periodic follow-up and collateral treatment

modalities to be maintained.

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