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Oral Lichen Planus and Its Malignant Transformation:

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INTRODUCTION:

It is generally accepted that the development of cancer in the oral mucosa is preceded by an identifiable non-invasive precursor lesion. The aim of this follow-up study was to estimate the rate and the time to transformation in a group of patients from southern India with potentially malignant oral epithelial lesions(1). Oral lichen planus is a potentially malignant disorder with a capacity, although low, for malignant transformation. Of all the factors related to the process of malignant transformation, it is believed that the chronic inflammatory process plays a key role in the development of oral cancer(2). This inflammatory process is capable of providing a microenvironment based on different inflammatory cells and molecules that affect cellular growth, proliferation and differentiation.

Oral lichen planus is a potentially malignant disorder with a capacity, although low, for malignant transformation(3).There are various factors that have been associated with this process of malignant transformation: virus (HPV, others), chronic inflammation, immunosuppression, diet, advanced age, candida superinfection, genetic predisposition.It seems that the lesions with increased risk of malignant transformation are atrophic erosive lesions, which pre-dispose the oral mucosa to the effects of other carcinogenic agents(4).Even so, it is not exclusive of atrophic-erosive OLP, as it has been described in cases of malignant transformation in plaque-like or even reticular form OLP.Although it can affect any location of the oral mucosa, the tongue is of greater predilection(5).

METHODS AND MATERIALS:

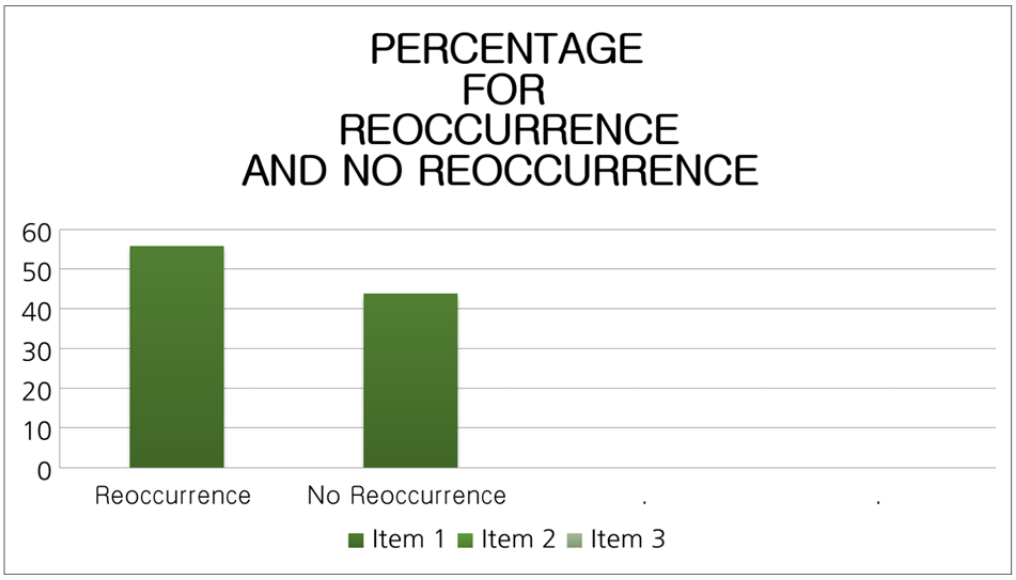
The out patient record from the department of oral medicine is collected from the institution Saveetha Dental College And Hospital from 2013-2014.The profile of 50 patient with oral lichen planus were taken from the registry and a telephonic review of the patient were conducted.25 patients answered to the call and the remaining were not addressed due to some issue of address.The dates were collected and a statical analysis of the reoccurrence and no reoccurrence were analysed.

S.no	Patient name	Phone number	Review comments
1)	Bhuvaneshwari	9941691884	Patient has experienced reoccurrence.And it's painful.Its triggering on opening the mouth.patient has visited the dentist outside and has discontinued the treatment.Patient is symptomatic and it is reticular type.
2)	Padmini	7401554220	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion.Patient is asymptomatic.
3)	Babu	9677193189	Patient has experienced reoccurrence of lesion.And it is erosive type.Patient is symptomatic .Patient has discontinued the medication and still continues the smoking habit.
4)	Ajith	9952905549	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion.Patient is asymptomatic.
5)	Karthick	9677582420	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion .Patient is asymptomatic.
6)	Saroja	7401584220	Patient has experienced reoccurrence of lesion And it is painful.patient has visited the dentist outside and has discontinued the treatment.Patient is symptomatic and it is erosive type.
7)	Subramaniyam	9989460594	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion. Patient is asymptomatic.
8)	Mumtaj	9003055277	Patient has reoccurrence of lesion and has severe pain.Its triggering on opening the mouth and during mastication.patient has discontinued the treatment.Patient is symptomatic and it is erosive type.

S.no	Patient name	Phone number	Review comments
9)	Mohan	8124251599	Patient has reoccurrence of lesion Patient has discontinued the treatment.Patient is symptomatic.
10)	Jeganadhan	9940472322	Patient has experienced reoccurrence of lesion Patient has discontinued the treatment.Patient is symptomatic.
11)	Easuraj	9444799621	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion.Patient is asymptomatic.
12)	Arun pandiyan	9176052613	Patient has experienced reoccurrence of lesion Patient were under medication for prescribed time and continued the treatment.Patient is symptomatic.
13)	Srinivasan	9787439706	Patient has experienced reoccurrence of lesion Patient were under medication for prescribed time and continued the treatment.Patient is symptomatic.
14)	Maheshwari	9940161906	Patient has experienced reoccurrence of lesion Patient has discontinued the treatment.Patient is symptomatic.
15)	Vijayalakshmi	9710326479	Patient had erosive type lesion and got cure after the treatment.No progression and reoccurrence of the lesion Patient is asymptomatic.
16)	Anuradha	9444035751	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion.Patient is asymptomatic.
17)	Selvam	9840120920	Patient has experienced reoccurrence of lesion Patient has discontinued the treatment.Patient is symptomatic.
18)	Saroja	7401584220	Patient has experienced reoccurrence of lesion Patient has severe pain during opening the mouth.patient is symptomatic.
19)	Karnakaran	9791117596	Patient had erosive type lesion and got cure after the treatment.No progression and reoccurrence of the lesion.Patient is asymptomatic.
20)	R.P.Nagar	9710422746	Patient has experienced reoccurrence of lesion And has severe pain.patient has discontinued the treatment.Patient is symptomatic and it is erosive type
21)	Ramesh	9940109459	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion Patient is asymptomatic.
22)	Ramamoorthy	9841340238	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion. Patient is asymptomatic.
23)	Karthick	9884654958	Patient is regressed and has no reoccurrence of the lesion.No progression and reoccurrence of the lesion Patient is asymptomatic.
24)	Sheila Lakshmi	9840173973	Patient has reoccurrence of lesion and has severe pain.patient has discontinued the treatment.Patient is symptomatic and it is erosive type.
25)	Pushia	9787459706	Patient has experienced reoccurrence of lesion and has severe pain.patient has discontinued the treatment.Patient is symptomatic.

Statical analysis:

	Percentage %
Reoccurrence	56
No reoccurrence	44



RESULT:

The data supporting or negating a potential malignant character of OLP lesions remains inconclusive. We proposed to this research in order to collect data regarding the rate and time to transformation in a group of outpatients (South-Indian region).The final data showed more chance of reoccurrences of the lesion.

DISCUSSION:

Analyses of malignant transformation risk factors have also considered the different intraoral localisation of LP. The tongue appears to be the preferred site for the emergence of a cancer.The best evidence of the potentially malignant nature of OLP currently available is from follow-up studies and retrospective incidence studies(6).There are a number of studies of OLP with regards to malignant transformation in the last few decades.OLP is a chronic inflammatory oral mucosal disease in which cell mediated immunity plays a major role (7). At the cellular level, OLP probably results from an immunologically induced degeneration of basal layer. It is characterised by cytotoxic CD8+ cell response on modified keratinocytes surface antigen. Krutchkoff et al.. (8) reviewed a total of 223 reported cases of malignant transformation of OLP and concluded that there was insufficient evidence to consider OLP as a premalignant condition(9). A major problem in the follow-up studies was the inclusion criteria since there is no universally accepted specific diagnostic criterion. Some studies were based on a diagnosis established solely on clinical features, whereas others included both clinical and histologic criteria(10)). Furthermore, many oral lesions diagnosed clinically and/or histologically as OLP in the published series may actually have been dysplastic lesions with lichenoid appearances .In our study 25 diagnosed cases of lichen planus were followed up by means of a telephonic interview,of the cases interview 56% had recurrence.For further the data has to be collected in a wide population of metropolitan city to estimate the rate of recurrence and the malignant transformation rate.

CONCLUSION:

The objectives of ur study was to show light on some critical questions, including the true frequency of malignant transformation, the risk factors for cancerization, the influence of immunosuppressant treatment on the development of cancer on OLP and the most appropriate clinical management of these patients. Until this consensus is fully established, it appears advisable to carry out a meticulous follow-up of patients with OLP, similar to the recommended approach for early detection of the malignant transformation of other suspect lesions.

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