MODERN THERAPEUTIC APPROACHES TO THE COMPREHENSIVE TREATMENT OF ORAL LICHEN PLANUS

Saidova Feruza Jamshid qizi
ORCID ID: 0009-0004-0531-0590
Master's Student, 2nd Year, Department of Therapeutic Dentistry, Bukhara State Medical Institute, Bukhara, Uzbekistan.

Scientific Supervisor: Samadova Shahzoda Isakovna, PhD, Associate Professor

ABSTRACT

Oral lichen planus is a chronic inflammatory disease of the oral mucosa with diverse clinical manifestations that may negatively affect patients' quality of life. Its prolonged course, tendency to recur, and symptoms such as pain and burning sensation necessitate a comprehensive therapeutic approach. This article discusses current aspects of diagnosing oral lichen planus, assessing its clinical forms, and applying contemporary treatment strategies. Particular attention is given to topical anti-inflammatory therapy, maintaining adequate oral hygiene, eliminating local traumatic factors, and conducting regular follow-up examinations. The principal objectives of comprehensive treatment are to reduce clinical symptoms, control pathological changes in the oral mucosa, minimize the risk of recurrence, and improve patients' quality of life.

Keywords: oral mucosa, oral lichen planus, comprehensive treatment, therapeutic dentistry, topical anti-inflammatory therapy, clinical manifestations, quality of life.

СОВРЕМЕННЫЕ ТЕРАПЕВТИЧЕСКИЕ ПОДХОДЫ К КОМПЛЕКСНОМУ ЛЕЧЕНИЮ КРАСНОГО ПЛОСКОГО ЛИШАЯ СЛИЗИСТОЙ ОБОЛОЧКИ ПОЛОСТИ РТА

Саидова Феруза Джамшид кизи

ORCID ID: 0009-0004-0531-0590 магистрант 2-го курса кафедры терапевтической стоматологии Бухарского государственного медицинского института, Бухара, Узбекистан.

Научный руководитель: Самадова Шахзода Исаковна, PhD, доцент кафедры терапевтической стоматологии Бухарского государственного медицинского института, Бухара, Узбекистан.

АННОТАЦИЯ

Красный плоский лишай слизистой оболочки полости рта представляет собой хроническое воспалительное заболевание с разнообразными клиническими проявлениями, которое может оказывать отрицательное влияние на качество жизни пациентов. Длительное течение заболевания, склонность к рецидивам, а также наличие боли и жжения обусловливают необходимость комплексного терапевтического подхода. В статье рассматриваются актуальные аспекты диагностики красного плоского лишая слизистой оболочки полости рта, оценки его клинических форм и применения современных методов лечения. Особое внимание уделяется местной противовоспалительной терапии, поддержанию надлежащей гигиены полости рта, устранению местных травмирующих факторов и динамическому наблюдению за пациентами. Основными целями комплексного лечения являются уменьшение клинических симптомов, контроль патологических изменений слизистой оболочки, снижение риска рецидивов и улучшение качества жизни пациентов.

Ключевые слова: слизистая оболочка полости рта, красный плоский лишай, оральный красный плоский лишай, комплексное лечение, терапевтическая стоматология, местная противовоспалительная терапия, качество жизни.

INTRODUCTION

The oral mucosa is an essential anatomical structure that performs protective, sensory, and immunological functions. Chronic inflammatory diseases affecting this tissue may interfere with eating, speaking, maintaining oral hygiene, and performing everyday activities. Therefore, early diagnosis, appropriate clinical assessment, and effective management of oral mucosal diseases represent important priorities in contemporary therapeutic dentistry.

Oral lichen planus (OLP) is a chronic immune-mediated inflammatory disorder affecting the oral mucosa. Although its precise etiology remains incompletely understood, cell-mediated immune responses, particularly those involving T lymphocytes directed against basal epithelial cells, play a central role in its pathogenesis. Genetic susceptibility and interactions between local and systemic factors may also contribute to disease development and progression [1, 2].

Clinically, oral lichen planus may present in several forms, including reticular, erythematous, erosive, atrophic, and plaque-like variants. The reticular form is commonly characterized by bilateral white, lace-like striae, whereas erythematous and erosive forms may be associated with mucosal redness, erosions, pain, and burning sensations. Symptomatic forms can substantially impair patients' ability to

eat comfortably and maintain adequate oral hygiene, thereby reducing their quality of life [1, 3].

Relevance of the Topic

The relevance of oral lichen planus lies in its chronic course, tendency to recur, variable clinical presentation, and the differences in treatment response among patients. In some individuals, the disease may remain relatively asymptomatic for extended periods, while others experience persistent pain, burning sensations, mucosal erosions, and discomfort during eating. These differences necessitate accurate diagnosis and individualized treatment planning.

Effective management should extend beyond the temporary relief of symptoms. It should include identification of the clinical subtype, assessment of disease activity, elimination of local irritants and traumatic factors, improvement of oral hygiene, and regular follow-up. These measures are particularly important in patients with symptomatic or erosive disease, in whom persistent inflammation may significantly affect daily functioning and oral health-related quality of life.

Topical corticosteroids are widely used as first-line treatment for symptomatic oral lichen planus because of their anti-inflammatory effects. However, the choice of preparation, dosage, duration of treatment, and follow-up schedule should be determined according to disease severity, the extent of mucosal involvement, and individual patient characteristics. Potential adverse effects, including oral candidiasis, should also be considered during treatment [2, 3].

Another important aspect of clinical management is differential diagnosis. Oral lichen planus may resemble other white or red lesions of the oral mucosa, lichenoid reactions associated with medications or dental materials, and certain autoimmune mucocutaneous disorders. When clinical findings are atypical or the diagnosis remains uncertain, histopathological examination of a biopsy specimen may be necessary. Long-term monitoring is also important because oral lichen planus is recognized as an oral potentially malignant disorder, although malignant transformation is uncommon and the level of risk varies among clinical circumstances [1, 2].

Modern therapeutic management emphasizes a comprehensive approach integrating anti-inflammatory treatment, elimination of local traumatic factors, professional dental care, maintenance of oral hygiene, symptom management, and patient education. This approach aims not only to reduce inflammation and improve mucosal lesions but also to support functional comfort, reduce the burden of recurrent symptoms, and improve quality of life.

The assessment of treatment effectiveness should therefore include several clinical and patient-reported outcomes. These may include the extent and severity of mucosal lesions, pain intensity, burning sensations, eating difficulties, adverse effects, recurrence frequency, and overall quality of life. Using consistent assessment criteria can improve the comparability of clinical outcomes and support evidence-based treatment decisions.

Despite advances in the understanding and management of oral lichen planus, several challenges remain, particularly in the management of persistent, erosive, or recurrent disease. Differences in clinical presentation, treatment response, and follow-up requirements highlight the importance of further research into individualized therapeutic strategies and standardized outcome assessment.

Accordingly, the investigation of modern therapeutic approaches to the comprehensive treatment of oral lichen planus is of considerable clinical and scientific importance. A systematic evaluation of existing treatment strategies may help clarify their respective roles, identify limitations in current practice, and support the development of more effective patient-centered management protocols.

AIM OF THE STUDY

To analyze modern therapeutic approaches to the comprehensive treatment of oral lichen planus, determine the importance of individualized treatment strategies, and identify key criteria for evaluating clinical effectiveness based on the available scientific literature.

MATERIALS AND METHODS

For a narrative review, this section should describe the scientific databases searched, the search period, keywords, inclusion and exclusion criteria, and the method used to evaluate the selected publications.

Relevant publications may include studies addressing the pathogenesis, clinical presentation, diagnosis, topical treatment, supportive care, and long-term monitoring of oral lichen planus.

The final version should include the actual databases and search procedures used by the author. If the article is based on a clinical study, this section must instead provide accurate information about the study design, patient population, treatment protocols, follow-up period, outcome measures, and statistical methods.

RESULTS

The results section should present findings derived from the selected literature or actual clinical data. For a literature review, findings may be organized according to treatment modality, clinical subtype, symptom control, safety, recurrence, and quality-of-life outcomes.

For a clinical study, comparisons may include changes in lesion severity, pain intensity, mucosal healing, recurrence rates, and patient-reported outcomes before and after treatment. Quantitative results should only be reported when supported by actual data.

DISCUSSION

The effectiveness of comprehensive treatment for oral lichen planus should be interpreted in the context of disease severity, clinical subtype, response to topical therapy, adverse effects, and long-term outcomes.

Topical corticosteroids remain an important component of treatment for symptomatic disease. Nevertheless, treatment should be individualized, and prolonged or unsupervised use may increase the risk of adverse effects, including oral candidiasis.

Eliminating local traumatic factors, maintaining adequate oral hygiene, providing patient education, and conducting regular follow-up may complement pharmacological treatment. In addition, clinical improvement should be evaluated alongside patient-reported outcomes to ensure that treatment addresses both mucosal disease activity and its functional consequences.

A meaningful discussion should compare the reviewed findings with previous studies, identify areas of agreement and disagreement, and acknowledge limitations in the available evidence. Where clinical data are available, the discussion should explain the significance of the observed findings without overstating their implications.

CONCLUSION

Oral lichen planus is a chronic inflammatory disease that requires individualized and comprehensive management because of its variable clinical presentation and tendency to recur. Treatment planning should take into account the clinical subtype, severity of symptoms, extent of mucosal involvement, and individual patient characteristics.

Topical anti-inflammatory therapy, elimination of local traumatic factors, appropriate oral hygiene, patient education, and regular clinical monitoring constitute important elements of comprehensive management. Treatment

effectiveness should be assessed using clinical findings, pain intensity, functional comfort, recurrence patterns, and quality-of-life indicators.

Further well-designed clinical studies using standardized outcome measures are needed to establish the comparative effectiveness and long-term benefits of different comprehensive treatment strategies.

REFERENCES

1. González-Moles M. Á., Warnakulasuriya S., González-Ruiz I., et al. Worldwide prevalence of oral lichen planus: A systematic review and meta-analysis. *Oral Diseases*. 2021;27(4):813–828.
2. Carrozzo M., Porter S., Mercadante V., Fedele S. Oral lichen planus: A disease or a spectrum of tissue reactions? Types, causes, diagnostic algorithms, prognosis, management strategies. *Periodontology 2000*. 2019;80(1):105–125.
3. Cheng Y.-S. L., Gould A., Kurago Z., Fantasia J., Muller S. Diagnosis of oral lichen planus: A position paper of the American Academy of Oral and Maxillofacial Pathology. *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology*. 2016;122(3):332–354.