

Lichen planus in the mouth

Oral & Maxillofacial Surgery

Information for Patients

Last reviewed: June 2026

Next review: June 2029

Leaflet number: 876 Version: 3

What is lichen planus?

Lichen planus is a common skin disease. It can affect the skin on the wrists, shins of the legs and genital area. It can also more commonly affect the mouth (oral lichen planus). Oral lichen planus affects 1 to 2% of the population. It is most often found in women over the age of 40. It is less common in men. Children are rarely affected.

What causes lichen planus?

The cause of lichen planus is unknown, but is thought to be linked to the immune system. There may be a genetic base, but it is unlikely to happen in more than one family member. It is not an infection and cannot be passed onto another person.

Drugs used in the treatment of diabetes, high blood pressure or rheumatoid arthritis, and silver (amalgam) dental fillings, may cause 'lichenoid' reactions in the mouth.

Stress may also cause flare ups of the disease.

What does it look like inside the mouth?

Inside the mouth it can appear in a number of different ways. It is most often seen on the inner cheeks, tongue and gums. It can appear as:

- white, lace-like patterns on the inner cheeks and tongue.
- red patches on the inner cheeks, tongue and gums.
- ulcers.

What are the symptoms of oral lichen planus?

Symptoms may include:

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- burning or stinging discomfort in the mouth whilst eating
- pain in the area if there is an ulcer
- if the gums are affected, it may become sensitive whilst brushing your teeth
- in mild cases, there may be no symptoms at all

How is it diagnosed?

Oral lichen planus can often be diagnosed just by its appearance. Sometimes we may take a small biopsy of the most affected site to confirm this. This is usually done as an outpatient procedure with local anesthetic.

Is there any treatment available?

Patients with oral lichen planus tend to have changes in its severity. It flares up then calms down. You can have lichen planus for 10 to 15 years. The symptoms can be treated by:

- avoiding food and drink that can cause irritation, for example, spicy foods; citrus fruits; chocolate; alcohol.
- stopping smoking.
- keeping your mouth clean, especially if your gums are affected. Your surgeon may suggest changing your toothpaste to one that does not contain sodium lauryl sulphate (SLS).
- a mild antiseptic mouthwash may be helpful, or a numbing spray that can be bought over the counter.
- in more severe cases, a topical steroid mouthwash may be prescribed to help calm the flare up.

What next?

If a diagnosis of oral lichen planus is made, you will need to be regularly examined by your dentist or the hospital. Most patients have a good response to the above measures and appropriate treatment.

We can be contacted during office hours on **0116 258 5671** or **0116 258 5301** if you have any concerns..

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