



AAOM Clinical Practice Statement

Subject: Oral lichen planus and oral cancer

The American Academy of Oral Medicine (AAOM) affirms that patients with oral lichen planus have an increased risk of developing oral cancer and require careful management and monitoring by appropriately trained clinicians.

PURPOSE

The AAOM recognizes the important controversy concerning the risk of oral cancer developing in patients with oral lichen planus (OLP). The recent literature was reviewed to develop current recommendations and guidelines for clinicians.

METHODS

This statement is based on a detailed review of the literature as well as major past reviews frequently cited by these papers. A MEDLINE search was performed using the terms “oral lichen planus,” “malignant transformation,” “oral cancer,” “oral dysplasia,” and “oral squamous cell carcinoma.”

BACKGROUND

OLP, the most common chronic dermatologic disease involving the oral mucosa, is divided into lichen planus of unknown etiology (idiopathic) and oral lichenoid lesions (OLL) caused by drug reactions, contact allergy, or graft-versus-host disease.

The important issue of the increased risk of oral cancer developing in patients with OLP has been a topic of controversy and debate among clinicians, pathologists, and researchers in the field for decades.¹⁻⁴ Particular debate centers on whether a specific benign lichenoid lesion transforms into a malignant lesion; whether patients with OLP have an increased risk of developing oral cancer because of the presence of dysplasia at the time of initial diagnosis of OLP; or whether patients with OLP have an elevated risk of oral cancer not related to a specific OLP lesion.⁵⁻⁷ Some studies have suggested that patients with OLL and the ulcerative or erosive form of OLP have a greater risk of oral cancer than other forms of OLP; although many reports cited have incomplete documentation of clinical

or pathologic features because of the retrospective nature of the data and inadequate sample size.

Although a definitive, large, long-term prospective study has not been conducted, the accumulated data from case series and systematic reviews suggests a rate of approximately 0.5% to 1% of oral cancer developing in patients with OLP, which is significantly above the oral cancer rate for the general population.⁸⁻¹² A recent carefully performed systematic review published in the *Journal of the American Dental Association* showed an overall rate of malignancy of 1.09%. The most common sites of oral cancer in OLP patients were cited to be the tongue, the buccal mucosa, and the gingiva.⁷

POLICY STATEMENT

After review of the current literature, studies, reviews and systematic reviews published during the past decade, the AAOM recommends the following:

1. Patients with a diagnosis of OLP or OLL should be periodically monitored by an experienced clinician for possible malignant and premalignant lesions and these suspicious areas biopsied.
2. At the time of diagnosis of OLP and OLL, patients should be counselled about the low but potential increased risk of oral cancer so that they understand that periodic examinations are necessary even if the patients are asymptomatic or their symptoms are well controlled.
3. The AAOM strongly supports development of well-planned, multicentered, prospective studies of malignancy and OLP to further determine the risk of oral cancer developing in patients with OLP and OLL and subsets of these patients with the greatest risk of oral malignancy.

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