

Prevalence of Oral Lichen Planus in Patients Coming to Outreach Program in Kavera District Kathmandu, Nepal-A Cross Sectional Survey

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Abstract

Background: A cross sectional study was done in patients coming to diagnostic camp in Kavera district Kathmandu.

Materials and Methods: A total of 125 subjects between 18 - 80 years of age were selected for the study. It contains the demographic profile, which includes age, gender, site of lesion and distribution of lesions. Descriptive statistics like mean and percentages were used for the analysis.

Result: oral lichens planus seen more in males as compare to female and site wise it is more commonly seen in buccal mucosa and distribution of lesions may be seen more in reticular area.

Conclusion: The present study shows about the etiology or the patients suffering from some systemic problems either taking drugs..

Keywords: Oral Lichen Planus; Kavera; Cross-Sectional Survey

Introduction

Oral lichen planus (OLP) is a chronic inflammatory disease that its incidence is more in women than men with different age range in around the world [1]. The prevalence of OLP in the general population varies from 1 - 2% [2]. Clinically OLP is divided into six forms: reticular, papular, plaque like, atrophic, erosive and bullous types [3]. Smokers and/or patients with alcohol abuse show a higher prevalence of OLP lesion [4]. It is the dermatological disease that most often presents oral manifestations [5]. The exclusive oral presentation of the disease occurs in one out of every three patients, with the three most frequent locations of the buccal mucosa, the tongue and gums [6,7]. The etiology of this disease remains unknown, but various causal factors have been associated to this disease, among such factors are: anxiety, diabetes, autoimmune diseases, mainly chronic liver disease, intestinal diseases, increased cholesterol, medications, stress, hypertension, infections, contact with dental materials, cancer and a genetic predisposition to cancer [8-10]. Hence in this study we see the prevalence of oral lichen planus in patients coming to outreach program in kavera district.

Materials and Methods

A cross-sectional study was carried out in Kavera district to know the status of oral hygiene in rural area from 2nd February to 5th February 2021 during diagnostic camp. All the people who attended the camp between the ages of 18 - 80 yrs had been considered for study purpose. A total 125 subjects (male and female) aged between 18 - 80 years of age were selected for the study and above with demographic profile, which includes age, gender site of lesions and distribution of lesions. Descriptive statistics like mean and percentages were used for the analysis by using spss software version 21.

Result

Age (in years)	Males 85 (68%)	Females 40 (32%)
18 - 28	8	5
29 - 39	35	7
40 - 50	25	15
51 - 60	15	12
61 - 70	6	4
71 - 80	4	2

Table 1: Age and sex distribution of subjects in males are more 85 (68%) and females 40 (32%) in age group lesions are mostly seen in 29 - 39 (35) and 40 - 50 (25) years in males as compare to same age group in females 40 - 50 (15) and 50 - 60 (12) years.

Serial Number	Site of lesions	Total
1	Tongue	25
2	Cheek mucosa	75
3	Lips	15
4	Palate	10

Table 2: Site-wise distribution of lesions in the oral cavity more commonly seen in buccal mucosa as compare to other site in the oral cavity.

Serial Number	Type of lichen planus	Total
1	Reticular	58
2	Papular	17
3	Erosive	20
4	Plaque	30

Table 3: Type-wise distribution of patients in reticular (58) cases, plaque (30) cases, erosive (20) cases and papular (17) cases seen.

Discussion

According to McCarthy, *et al.* [11] the predilection in males and females, other studies have revealed female predominance, although occasional surveys have suggested a male predominance seen in study done by. Our study indicates male predominance, which could be due to poor attendance of the female because of education level and less awareness. Lichen planus was seen at various sites in oral cavity but it is more commonly seen in buccal mucosa. Oral lichen planus appearance as it was seen in reticular (58 cases), papular (17 cases), erosive (20 cases) and plaque type (30 cases).

Conclusion

The occurrence of lichen planus like lesions in the oral cavity could be due to the drugs given to the patients suffering from these systemic ailments because of less awareness and education level of the patients also and depends upon the duration of the drug they are taking.

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