10.5005/jp-journals-10015-1528

EDITORIAL

Reticular Whitish Gray Lesions of the Oral Mucosa with No Habit History: A Critical Appraisal

[1]A Thirumal Raj, [2]Shankargouda Patil, [3]Archana Gupta, [4]Shivaranjhany Sivakumar

How to cite this article: Raj AT, Patil S, Gupta A, Sivakumar S. Reticular Whitish Gray Lesions of the Oral Mucosa with No Habit History: A Critical Appraisal. World J Dent 2018;9(3):169.

Source of support: Nil

Conflict of interest: None

Dentists often receive patients complaining of burning sensation of the oral mucosa with no associated habit or medical history. Clinical examination often reveals whitish gray presentation of reticular pattern with or without ulcerative/erythematous/leukoplakic/bullous lesions. The lesion may be bilateral with or without symmetrical presentation or unilateral. Such cases are common in adults in the age group above 40 years and are predominantly of the female gender.[1] It is not uncommon to find associated restorations or dental prostheses in such patients given their age. Such patients may or may not have cutaneous presentations which in turn can mimic the oral presentation or have distinct clinical features. Many such cases have their clinical presentations noted first during a routine dental examination, especially in cases with no associated cutaneous lesions. The diagnostic dilemma for the clinician in such cases is to distinguish between two closely related diagnostic entities: Lichen planus (LP) and lichenoid lesions (LLs).[2-4] In such cases, it is vital to examine for the potential etiologic agent (triggering agents) in the medical history (medications, ointments) and dental history (recent changes in the toothpaste, dental prosthesis, adhesive for the prosthesis, restorations, etc.). Lesions resulting from the triggering agents constitute LL. Treatment in such cases involves replacing the potential triggering agents including replacement of the restorations, prostheses, and referral to the general practitioners for replacement of any potential allergic medications. The replacement of the triggering serves as both the treatment and the confirmation of the diagnosis.[2-4] Lichenoid lesion has a risk for malignant transformation, thus it needs to be closely followed up even after the removal of the potential irritant.[1] On the contrary, if the lesion persists even after the removal of the irritant and in cases of negative patch test, one must suspect an intrinsic cause of origin as in the case of LP where the antigenic stimulus is expressed by the oral keratinocytes (self-antigen). Lichen planus being chronic in nature may require a lifetime treatment protocol to prevent any aggravating symptoms and to control the extent of the lesions. Further, as the World Health Organization categorizes LP as an oral potentially malignant disorder, it is of utmost importance to follow-up such cases. If the follow-up reveals any clinical changes (erythematous, ulcerative, proliferative), it is advised to biopsy such areas. The presence of epithelial dysplasia could indicate a potential malignant transformation.[2-4] Such cases need to be extensively followed up and progressing cases must be treated aggressively. To conclude, reticular whitish gray oral lesions irrespective of other features (unilateral or bilateral presentation, with or without triggering agent, with a positive or a negative patch test) need to be closely followed up, as both LL and LP have the potential for malignant transformation, especially in the presence of epithelial dysplasia.

[1]Department of Oral Pathology and Microbiology, Sri Venkateswara Dental College and Hospital, Chennai, Tamil Nadu, India

[2]Division of Oral Pathology and Maxillofacial Surgery and Diagnostic Sciences, College of Dentistry, Jazan University Jazan, Kingdom of Saudi Arabia

[3]Department of Oral Pathology and Microbiology, Dr. D. Y. Patil Dental College and Hospital, Dr. D. Y. Patil Vidyapeeth, Pune Maharashtra, India

[4]Private Dentist, Apollo White Dental Clinic, Chennai, Tamil Nadu, India

Corresponding Author: A Thirumal Raj, Department of Oral Pathology and Microbiology, Sri Venkateswara Dental College and Hospital, Chennai, Tamil Nadu, India, Phone: +918122627810, e-mail: thirumalraj666@gmail.com

REFERENCES

1. Patil S, Rao RS, Sanketh DS, Warnakulasuriya S. Lichenoid dysplasia revisited—evidence from a review of Indian archives. J Oral Pathol Med 2015 Aug;44(7):507-514.
2. Thirumal Raj A. Oral lichenoid dysplasia and exophytic oral verrucous hyperplasia: mythical entities of oral pathology. Oral Oncol 2017 Jul;70:75.
3. Thirumal Raj A. Formulating a clinicopathological algorithm for oral lichenoid dysplasia and related lesions. Oral Oncol 2017 Aug;71:186-187.
4. Raj AT, Patil S. Diagnostic flaws in oral lichen planus and related lesions. 2017 Nov;74:190-191.