

White lace-like lesions in the mouth

STEVEN KOSSARD FACD

Over a year, a man develops irritable white patches on his buccal mucosa. What are these lesions and how can they be treated?

Over a 12-month period, a 58-year-old man developed irritable patches on both sides of his buccal mucosa. Clinical examination revealed white lace-like plaques with focal erosions on the buccal mucosa and lips (Figure 1). Biopsy of the mucosa showed a prominent lymphocytic infiltrate hugging the mucosal epithelium at the junctional zone (Figure 2), but no epithelial dysplasia.

Differential diagnosis

White patches in the mouth can be due to a variety of processes.

- **Candidiasis** may present with moist creamy patches that may be eroded. Usually there is a sudden short history. The candidal colonies can be removed, and a rapid diagnosis can be established by direct examination of a smear or fungal culture.
- **Leukoplakia** is a term used for localised white patches that may have an erythematous element and on biopsy show intraepithelial atypia that may progress to invasive carcinoma.
- **Cheek biting** can produce eroded torn lesions that may have a frayed white

border localised to the buccal mucosa within the bite line. Biopsy shows a ragged mucosal epithelium with intracellular oedema.

- **Lupus erythematosus** may be associated with mucosal lesions that have a lace-like component. Usually these lesions are eroded and may be located on the buccal mucosal or the palate. General skin examination, skin immunofluorescence and serological tests for lupus may be required to establish the diagnosis because the mucosal biopsy may not be sufficiently specific.
- **Lichen planus** is the correct diagnosis. It can present with lace-like patches or white plaques, atrophic or erythematous lesions or erosive and ulcerative areas. The process may be confined to the mouth or be associated with skin lesions. Severe mucosal disease may be associated with genital or anal involvement.

Identical mucosal lesions have been observed in patients undergoing graft versus host disease after bone marrow or stem cell transplantation. Longstanding erosive or ulcerative lichen planus may be associated with increased risk of squamous cell carcinoma. Lichenoid reactions to drugs, dental amalgam or acrylates may present clinically as oral lichen planus. In endemic areas of hepatitis C, an increased association with oral lichen planus has been reported.

Treatment

Treatment of lichen planus includes topical corticosteroids or topical retinoids as well as oral antimalarials, oral retinoids or oral corticosteroids. More recently, topical tacrolimus ointment has been used with some success.

Keypoint

Lichen planus and lichen planus-like reactions may be located in the mouth and produce distinctive white lace-like patches as well as ulcers.



Figure 1. White lace-like pattern and erosive patches on the buccal mucosa and lips.

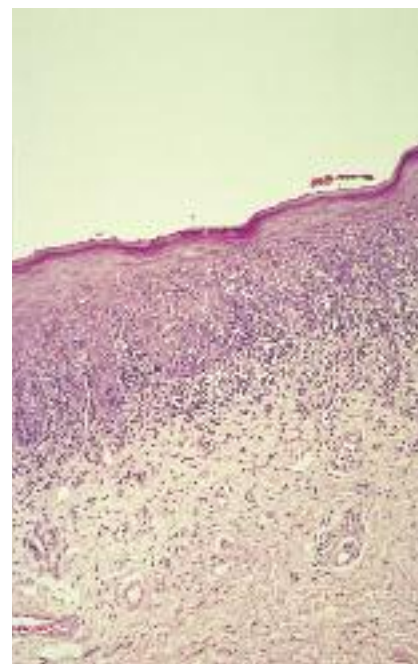


Figure 2. Mucosal biopsy showing a prominent lymphocytic infiltrate hugging the junction of the epithelium.

Professor Kossard is Associate Professor, Skin and Cancer Foundation and St Vincent's Hospital, Darlinghurst, NSW.