

Summary

Background: This thesis studies local and systemic factors of oral epithelial lesions development. It is focused on oral lichen planus (OLP), oral lichenoid lesions (OLL) and oral lichen with dysplasia. A correlation between subjective complaints of patients rated by visual analog scale (VAS) and objective clinical manifestations specified by ratio of reticular, erythematous and ulcerative lesions (REU) are assessed. Therapeutic management and treatment of subjective symptoms are evaluated.

Methods: This retrospective study comprises 202 cases of oral lichen and oral lichenoid lesions diagnosed clinically and histologically for the period 2010-2022 at the Periodontology department of the Clinic of Dentistry of the Faculty hospital Pilsen. Specifically it was 46% OLP patients (n=93), 13% OLL (n=27) and 41% cases of oral lichen with dysplasia - oral epithelial dysplasia with lichenoid features (n=82) with histologic verification and adequate clinical manifestation. Females prevailed with a ratio of 2,3:1 to males (141 females, 61 males). Direct immunofluorescence was performed in 169 patients. Anamnestic data were searched for comorbidities and for medication side effects as a possible inductor. In total 146 patients were asked for subjective complaints with VAS grading. In 189 cases mycologic cultivation from swab was performed. The REU system was used to objectify the clinical findings in the oral cavity.

Results: Direct immunofluorescence was positive in 55% cases (n=93/169). Suspicion for medication side effects induction of lichenoid lesions forming up Grinspan syndrome was present in 8% patients (n=16). Thyreopathy as a comorbidity was present in 17% patients (n=34). Subjective complaints were in 75% patients (n=110/146). Oral candida cultivation was positive in 43% cases (n=81/189). During dispensation of 202 patients, 82 of them were verified with detected oral epithelial dysplasia (a total of 95 biopsies). In 15 cases the dysplasia was intermediate, in 3 cases severe. In 77 cases, differentiated type of oral intraepithelial neoplasia (dOIN) was diagnosed.

Conclusion: Pathogenetic factors for OLP/OLL have been verified, with focus on local and systemic inductors of pathologic manifestation. Direct correlation between REU value and volume of oral candida cultivation was identified (p=0,0365). We proved association between increased REU and VAS for burning sense at p=0,0115. Overall 95

biopsies in 82 patients (41%) out of 202 dispensed patients had character of oral epithelial dysplasia with lichenoid features. In 37% (n=77) cases there was differentiated type of oral intraepithelial neoplasia. In 7% (n=15) cases was identified moderate type of dysplasia and in 1,5% (n=3) it was severe dysplasia. In 7% patients dispensarised for OLP or OLL for more than 2 years (n=8/111) came to malignant transformation into oral squamous cell carcinoma. Female sex (n=7/8) and lingual mucosa (n=3/8) were found to be a risk factor of malignant transformation. In 75 % cases (n=6/8) was development of oral squamous cell carcinoma (OSCC) preceded by verified oral intraepithelial neoplasia, dOIN.

Key words: oral lichen planus, lichenoid lesions, VAS, REU, malignant transformation

