Lichen planus has been reported to be associated with several disorders. A rare association between oral erosive lichen planus, diabetes mellitus & vascular hypertension has been described by Grinspan and this triad is referred to as Grinspan’s Syndrome. A case of a 51 years old female with a lichen planus on left buccal mucosa along with diabetes and hypertension is reported.

**Keywords:** Grinspan syndrome, Planus, Buccal Mucosa, Erythemia.

**INTRODUCTION**

Lichen planus is a chronic inflammatory oral mucosal disease of unknown etiology. Over these years; many researchers have worked to determine the etiological factors, pathogenesis, characteristics & management of lichen planus. Grinspan et al found an interesting association of Oral lichen planus (OLP) with Diabetes mellitus (DM) & Vascular Hypertension (BP) & hence called Grinspan Syndrome. Later, many researchers carried out studies to confirm the findings of Grinspan. The results of some of the researchers were consistent with that of Grinspan, while the others did not find the results consistent with that of Grinspan & others. This paper present a case of erosive lichen planus associated with diabetes mellitus & hypertension.

**CASE REPORT:**

A 51 year old lady was referred to Oral & Maxillofacial Surgery Department MN DAV Dental College, Tatul Solan, with a chief complaint of burning sensation in left buccal mucosa and pain upon swallowing from past 1 year, with Gradual increase in the severity of symptoms. Patient was also taking Kenacort gel for topical application & vitamin C tablets daily but had no relief.

Intraoral examination revealed eroded, frankly ulcerated lesion with a yellowish surface (fibrinous exudate) surrounded by an area of erythema on the left buccal mucosa. Radiating striae were evident on the periphery of the lesion (Figure: 1). White lacy reticular streaks were seen on the lateral surface of the tongue (Figure: 2). Gingival lesions were present as fiery red erythema. The investigations undertaken included incisinal biopsy of the left buccal mucosa taken & was subjected for histopathological examination. Vitals were monitored and hematological examination was done.

**ABSTRACT**

A 51 year old female was referred to Oral & Maxillofacial Surgery Department MN DAV Dental College, Tatul Solan, with a chief complaint of burning sensation in left buccal mucosa and pain upon swallowing from past 1 year, with Gradual increase in the severity of symptoms. Patient was also taking Kenacort gel for topical application & vitamin C tablets daily but had no relief.

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Histological examination of the lesion shows extensive ulceration, being replaced by dense lymphocytic cells in typical lichen fashion. Surviving strips of squamous epidermis show focal basal hyperplasia within which occasional apoptotic bodies (civatte bodies) which confirmed the diagnosis of erosive lichen planus (Figure: 3). The patient was found to be suffered from diabetes mellitus and hypertension. Patient was referred to physician for management of diabetes mellitus and hypertension. Then the patient was treated with topical application of kenacort, antioxidants and Vitamin C. The patient was followed up for 3 months till she got the complete symptomatic relief (Figure: 4).

**DISCUSSION**

Lichen Planus is a non infectious, pruritic popular skin disease, commonly affecting mucous membrane characterized by the appearance of characteristic smooth, flat, reddish – blue, polygonal papules, often with whitish freckles (Wickham’s Striae). Lichen planus predominantly affects middle aged & elderly people. Mean age onset is 40 years & shows a female predominances. In our case 51 years old female reported with lichen planus. Lichen planus has been associated with chronic liver disease, primary biliary cirrhosis, hepatitis B & C, Diabetes mellitus & other diseases. Diabetes mellitus is defined as a syndrome in which hyperglycemia occurs because of insulin defects. Skin lesions can be seen in diabetes mellitus according to dysregulation of glucose, insulin, and lipids.


In our case the patient was treated for lichen planus earlier by other dentists but after hematological investigations and after recording the vital signs by us, it was noted that patient has Grinspan syndrome. Patient was given medications for diabetes and hypertension. Then the localized oral lesions are treated with topical ointment applied two to four times daily after meals along with antioxidants and vitamin C. The patient was followed up for three months till she got the complete symptomatic relief.

**CONCLUSION**

In some patients, it took several months to up to one year to reach the accurate diagnosis, pointing to the necessity of timely recognition as an imperative for appropriate treatment and prognosis. Several diagnostic procedures such thorough medical history, clinical picture and histopathologic analysis may frequently be needed to make an accurate diagnosis. On taking medical history we pay due attention to the personal habits, systemic diseases or medications in order to identify the etiology of the disease. Treatment of the underlying disorders improves the course and prognosis of the lichen planus. It is important to specify the clinical findings such as inflammation, hyperkeratosis, size of the lesion, and type of the lesions (bullae, erosions) in order to establish an accurate clinical diagnosis. Malignant transformation of long standing, non healing lichen planus is possible. Prevention and timely recognition of premalignant oral lesions is mandatory, with follow up, repeat oral lesion biopsies.
REFERENCES


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