

BÖLÜM 6

ORAL LİKEN PLANUS'UN KLİNİK TABLOSU, TANI VE TEDAVİ YAKLAŞIMLARI

Tarık Hakan YALDIR¹
Gözde AÇIKGÖZ²

GİRİŞ

Liken planus (LP) terimi, Yunanca leichen (ağaç yosunu) ve Latince planus (düz, yassı) sözcüklerinden türetilmiştir. İlk kez 1869 yılında Erasmus Wilson tarafından deri, saçlı deri, tırnaklar ve mukozayı etkileyen kronik bir hastalık olarak tanımlanmıştır. LP immün aracılı, sık görülen kronik enflamatuvar bir hastalıktır. Oral liken planus (OLP) ise, bu hastalığın oral mukozada görülen formu olup genellikle orta yaş kadınlarda daha sık izlenir ve toplumda yaklaşık % 0,5–2,2 oranında görülür (1,2).

Klasik kutanöz LP, “altı P” (mor [purple], düz [plane], poligonal [polygonal], kaşıntılı [pruritic], papüller [papules] ve plaklar [plaques]) ile karakterizedir. OLP ise genel olarak iki ana kategoriye ayrılır; hiperkeratotik (genellikle asemptomatik) ve eroziv (genellikle semptomatik). Hiperkeratotik form retiküler, papüler ve plak/verrüköz formları içerirken, eroziv form ise eroziv eritematöz veya eroziv atrofik OLP şeklinde görülebilir (3). En yaygın form retiküler tiptir ve sıklıkla bukkal mukozayı etkiler (4).

OLP'nin, patogenezinde CD8+ T lenfositlerin bazal keratinositleri hedef alarak apoptoza sürüklediği T hücresi aracılı otoimmün bir hastalık olduğu düşünülmektedir (5). Bu olaylar dizisi, hücrel immün yanıtın yanı sıra sitokinlerin, matris metalloproteinazların (özellikle MMP-9) ve adezyon moleküllerinin dâhil olduğu karmaşık inflamatuvar olaylar ile ilişkilidir (6,7). Ayrıca hastalık, psikosomatik faktörlerden viral enfeksiyonlara, genetik yatkınlıktan sistemik hastalık-

¹ Arş. Gör. Dt., Pamukkale Üniversitesi, Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Radyolojisi AD., dtarikyaldir@gmail.com, ORCID iD: 0009-0009-8725-1163

² Dr. Öğr. Üyesi, Pamukkale Üniversitesi, Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Radyolojisi AD., gozderindag@gmail.com, ORCID iD: 0000-0003-0147-1798

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