

LICHEN RUBER PLANUS AS A PSYCHIATRIC PROBLEM

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SUMMARY

Our mouth is the mirror of our health and it might be said that numerous diseases which affect our organism may be manifested in the mouth. Early symptoms occurring within the oral cavity may emerge with diseases related to our blood system, gastrointestinal system, renal system, cardiovascular system, and mental system. They are manifested as a hyperkeratosis, which may have an erythematous background. What we talk about here is lichen ruber planus.

Lichen ruber planus is a common chronic immunological inflammatory disease of mucosa and skin, whose manifestations vary from keratolytic to erythematous and ulcerating lesions. The most frequent psychogenic diseases which may lead to the emerging of lichen planus are depression, anxiety and stress.

Depression is a condition of decreased psychophysical activity predominated by sadness, apathy and slowed-down pessimistic thinking. Anxiety is a complex feeling comprising anxiety, fear, tension and insecurity, and is accompanied by the activation of autonomic nervous system. Stress is a reaction to trauma, and it enhances survival.

Key words: lichen ruber planus - psychogenic disturbances - stress

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INTRODUCTION

As it is well known, many illnesses of our organism may be manifested within our mouth. The oral cavity is the mirror of our health and numerous diseases of our organism may be manifested in the mouth. They may be manifested as either pathologically changed structures or as subjective symptoms with normal oral mucosa, caused by organic or psychological factors (Hompf et al. 1987).

Early symptoms which occur within the oral cavity may emerge with diseases related to our blood system, gastrointestinal system, renal system, cardiovascular system, and mental system. They are manifested as a hyperkeratosis, which may have an erythematous background. What we talk about here is *lichen ruber planus*. *Lichen ruber planus* is a common chronic immunological inflammatory disease of mucosa and skin, whose manifestations vary from keratolytic to erythematous and ulcerating lesions. The etiology of *lichen planus* comprises (Scully & El-Kom 1985) a cell-mediated immunological disturbance which leads to the degeneration of basal epidermal

cells. Clinical features can be divided into: reticular, atrophic, erosive and bullous form. It consists of slightly elevated thin whitish lines in the form of a ring or circular ring-like lesions. As far as the location is concerned, these lesions may affect lips, gingiva, bottom part of the oral cavity and the tongue. Histopathological features are associated with hyperkeratotic areas, liquefaction degeneration or necrosis of the basal layer cells, and thick clusters of lymphocytes (Bermmejo et al. 1990).

As we have already mentioned, *lichen planus* may be caused by various factors of organic origin, and, lately, it has become commonplace that the emergence of this disease is associated with various psychogenic factors (Dusk & Frick 1987). The most frequent psychogenic conditions which may lead to *lichen planus* are depression, anxiety and stress. (Pokupec Gruden et al. 2003)

Depression is a condition of decreased psychophysical activity in which predominate sadness, apathy and slowed-down pessimistic thinking. Depression can, psychodynamically, be explained as auto-aggression as well. When libido starts withdrawing from the lost objective and

moving to one's ego, aggression, which has conquered the ego, withdraws as well; this is why a depressed person strives for self-destruction. (Ingleš & Ingleš 1972)

Anxiety is a complex feeling comprising anxiety, fear, tension and insecurity, and is accompanied with the activation of the autonomic nervous system. Anxiety is a response to an internal danger. A long-lasting anxiety leads at first to physiological, and eventually bodily changes known as psychosomatic diseases. A diffuse feeling of anxiety or dread which is constantly present or which emerges in different circumstances, without any recognizable trigger, is called a 'freely floating anxiety'. (Poro 1984, Jakovljević 2007)

Stress is a reaction to trauma and it helps the person to survive. Inability of a person to adapt to trauma destroys the balance, which again causes numerous serious stressogenous diseases (Gruden 1996).

The objective of this work is to emphasize that the psychogenic component is not characteristic for adults only, where they are manifested as organic diseases, or oral diseases, but they may also be found in children, who are either exposed to stressful situations or are emotionally instable persons.

CASE REPORT

A 10-year-old patient was sent to an oral diseases specialist by his primary dentist, because of a tiny sore in his mouth, caused by sharp edges of amalgamic fillings and some nodules. We thoroughly analyzed the boy's oral cavity and checked the general condition of his organism, and took his familial and oral history. The history findings showed no significant data suggesting that the patient was suffering from any disease, and his family did not seem to have any severe disease either, with the exception of vitiligo present with his sister and brother. The boy underwent a thorough medical examination. His blood test did not show any significant change with any of the parameters.

According to the clinical picture, there was an ulceration on the tongue, accompanied with some mildly expressed hyperkeratotic changes. The biopsy conducted on the patient's tissue samples confirmed the clinical diagnosis of *lichen ruber planus retikularis*. A part of the tissue was sent to

specific immunological testing (C3 and C4), which did not show any significant change as far as immunodeficiency is concerned.

The patient was then directed to a child psychiatrist, who diagnosed a tendency towards emotional instability with the patient, as well as towards depression. He was psychologically tested by means of depression and anxiety tests, which proved that the patient was both emotionally unstable and deeply stressed. The depression test consisted of 20 statements intended to describe the psychical state of the patient, and the possible answers from which he had to choose were: almost never, occasionally, often and almost always. The second test was an anxiety test, in which the patient had to answer to 20 yes/no questions. The patient was also submitted to a projective test, which can also be used to establish his psychical condition.

After the real cause of the disease had been recognized, the patient was submitted to psychotherapy and he regularly comes for a check up of the clinical picture of the *lichen planus*. His pathologically changed mucosa has started to improve and his child psychiatrist has confirmed that his mental condition has improved as well (the patient is gradually regaining his mental stability).

DISCUSSION

The case study describes a 10-year-old child with histologically confirmed clinical diagnosis of lichen ruber within his oral cavity. As all other findings were negative, his disease was thought to be of psychogenic origin, which is normally scarce with children.

The psychotherapeutic interview and depression and anxiety tests have revealed emotional instability, tendency for depression and stressful reaction. Psychological analysis of the family has not shown any psychopathology, apart from vitiligo present with the child's brother and sister. In relation to that, it would be interesting to investigate the psychogenesis of vitiligo. Given the location of vitiligo and lichen ruber in the multi-layer epithelium (skin and oral mucosa), a hereditary predisposition can be assumed, which corresponds with the direction of the manifestation of the psychosomatic symptoms. Although lacking in any positive anamnestic and heteroanamnestic data regarding the psychogenesis of lichen ruber with this child, a psychotherapeutic treatment has

proved to be beneficial, as the intensity of the symptoms of lichen ruber decreased, which indicates psychical causes of the disease *ex iuvantibus*. This has again confirmed a huge impact of psychical factors in the occurrence of numerous oral diseases, which suggests that they should be treated in combination with psychotherapy.

CONCLUSION

Co-morbidity of *lichen ruber planus* with the emergence of depression and anxiety proves that oral diseases have a psychogenic component.

The emergence of the diseases which are interrelated with psychogenic components do not necessarily have to be present with adults only; they may be manifested in a younger population and the basis of their etiology comprises their insecurity, and their emotional instability, which, apart from other manifestations, can be expressed by means of pathological changes in the oral cavity.

Psychological tests have confirmed the final cause of the emergence of *lichen ruber planus* in the mouth.

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