CLINICAL PAPER ONE PAGERS

Our Name of Study: Gengigel – Lichen Planus

Citation Details: The efficacy of topical hyaluronic acid in the management of oral lichen planus

Nolan A., Badminton J., Maguire J., Seymour RA. J Oral Pathology & Med

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Design: Randomised, double-blind, controlled (gel base) trial. N=124 oral lichen planus

(OLP) patients. 28 days.

Measures: Soreness, oral function, size of erosive/ulcerated area.

Outcome: Application of topical HA produced a significant reduction (P < 0.05) in soreness

scores when compared with placebo for up to 4 h post-application. No difference between treatment groups (P > 0.05) with respect to oral

function.

Patients treated with 0.2% HA showed a significant reduction (P < 0.05) in the size of the erosive/ulcerated area after 28 days of treatment when compared

with baseline.

There was no significant difference in changes in ulcerative areas between

treatment groups.

Bottom Line: Topical HA (0.2%) does appear to be of some benefit in the management of

lichen planus, providing efficacy for up to 4 h after administration. Very frequent applications should be considered to obtain a more significant clinical benefit. Topical HA gel may be a useful addition to the treatment option for OLP.

Claims supported: tba

And Also: Authors suggest that it should be applied regularly (4 hourly) to manage

soreness. Also suggest that use of 0.2% hyaluronan gel may be a good adjunct to powerful immunosuppressant drugs, and may help in reducing the dose / use of

these slightly unsafe drugs.

Oral Lichen Planus: Chronic inflammatory disease that characteristically presents as white patches

or striae (lines) that may affect any oral site but typically with a symmetric and bilateral (both sides!) distribution. The appearance can be variable and the erosive form of the condition may produce oral ulceration. In other words – a moderately rare but long-term disease that shows up as a number of very uncomfortable lesions in the mouth – patients usually female and early middle-

age.

