



Ferritin and Oral Lichen Planus of the Tongue

Paswach Wiriyakijja¹ and Kobkan Thongprasom^{2*}

¹Department of Oral Medicine, University College London, UK

²Department of Oral Medicine, Chulalongkorn University, Thailand

Editorial

A 48-year-old man presented with a 3-year history of tongue lesion and roughness. He was a non-smoker, non-drinker and generally otherwise well. Three years ago, hyperkeratotic white striation was presented on the left dorsal surface of his tongue, size 15 mm × 10 mm (Figure 1). Biopsy specimen from this area showed features of hyperorthokeratinized stratified squamous epithelium, liquefaction degeneration of basal cell layer, underlying fibrous connective tissue contains band-like inflammatory infiltrate consisting primarily of lymphocytes. Based on a combination of clinical and histopathologic findings, the diagnosis suggestive of oral lichen planus (OLP) [1]. Topical steroid is recommended as the first line therapy of OLP [2,3]. Therefore, potent topical corticosteroid – fluocinolone acetonide 0.1% in orabase was applied and the lesion showed partial improvement. He missed follow-up for 3 years and then he came back with a complaint of burning sensation to hot and spicy food. On examination, white lesion on the tongue showed progression across the midline to the right side, size of 43 mm × 26 mm (Figure 2). Complete blood examination and vitamin levels were investigated. Laboratory results showed high ferritin in serum (686.2 ng/ml), high eosinophil (5%) and low serum folate (1.38 ng/ml). To our knowledge, high serum ferritin level associated with OLP has never been reported. OLP lesion in this patient might be coincidence with high ferritin level because he was in healthy condition and did not take any medications. However, further investigation in more patients with OLP would be better clarification on the relationship between OLP and ferritin level.

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*Correspondence:

Kobkan Thongprasom, Department of Oral Medicine, Chulalongkorn University, Bangkok, Thailand, Tel: +66-2-2188942;

E-mail: Kobkan.t@chula.ac.th

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Figure 1: Hyperkeratotic white striation.



Figure 2: Tongue showed progression across the midline to the right side.

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