



**“PSORALEN ULTRAVIOLET - A RADIATION (PUVA) VERSUS
ULTRAVIOLET - A RADIATION (UVA) IN THE MANAGEMENT
OF ORAL LICHEN PLANUS - A COMPARATIVE CLINICAL
STUDY”**

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ABSTRACT

Background and Objectives – Oral Lichen Planus is a common chronic immunological inflammatory mucocutaneous disorder that varies in appearance from keratotic to erythematous and ulcerative. Treatment is focused primarily on reducing the symptoms. Though corticosteroids remain the mainstay of therapy, the use of topical Psoralen Ultraviolet A (PUVA) therapy seems to give promising results. However the use of Ultraviolet A (UVA) in the management of Oral Lichen Planus is limited. The aim of this study is to compare the efficacy of topical PUVA with UVA in the management of OLP.

Methods: A total of 30 patients fulfilling the following selection criteria were selected for the study. Patients with symmetric distribution of Oral Lichen Planus were enrolled in the study. The right buccal mucosa was treated with topical PUVA therapy and the left buccal mucosa side was treated with UVA therapy alone.

- Treatment response was evaluated both objectively and subjectively in terms of clinical scoring and severity of the lesions using 6-degree scale as proposed by Thongprasom et al, reduction in symptoms measured by Martin and Greenberg pain scale, recovery status assessed by the observer as well as patients as per the scale proposed by Delavarian Z et al.

Results: The lesions of RBM showed statistically significant improvement at the end of 4th week of treatment. There was 56.8% reduction in the lesion size and severity. The pain/burning sensation/oral discomfort was reduced by 56.0%. The lesions of LBM also showed statistically significant improvement at the end of 4th

week of treatment. There was 25.0% reduction in the lesion size and severity. The pain/burning sensation/oral discomfort was reduced by 50.0%. On comparison between topical PUVA and UVA therapy, it was found that there was statistically significant difference between two treatment modalities. Topical PUVA was better than UVA therapy as far as the reduction in the size and severity of lesion is concerned (56.8% and 25% respectively). Patients stated their recovery as 73.34% and 66.67% with topical PUVA and UVA therapy respectively. Treatment was well tolerated with no adverse effects.

Conclusion: Topical PUVA and UVA therapy has been shown to be effective in the treatment of OLP. UVA therapy alone can also be used in the treatment of OLP as it is easy to carry out procedure without ointment application. However, long term clinical trial with large sample size and adequate follow-up is necessary to evaluate the efficacy of both the therapies.

Key words:

Oral Lichen Planus, Topical PUVA therapy, UVA therapy.