Effective Treatment of Oral Erosive Lichen Planus With Thalidomide

Charles Camisa, MD; Jennifer Levin Popovsky, MD; Cleveland Clinic Foundation, Cleveland, Ohio

REPORT OF A CASE

A 70-year-old man presented with a 2-year history of bloody gums and fetid breath. He was initially treated with topical corticosteroids and courses of oral prednisone starting at 60 mg/d and tapered over several weeks. When this treatment failed to produce any durable clinical improvement, he was treated sequentially with griseofulvin, dapsone, azathioprine, etretinate, and cyclosporine. His current medication was cyclophosphamide, 100 mg/d for 5 months. He reported that the only therapy that decreased his pain, swelling, and bleeding was the prednisone and brief courses of azithromycin, which had been discovered serendipitously while he was being treated for an upper respiratory infection.

Examination showed erosions and ulcerations of the hard palate; severe desquamative gingivitis, involving facial (Figure 1A) and palatal gingiva; and atrophy and striae of the buccal mucosa (Figure 2A) and tongue. A biopsy specimen from involved buccal mucosa showed hyperkeratosis, hypergranulosis, a dense lymphocytic infiltrate below the epithelium associated with basal cell vacuolization, and necrotic epithelial cells consistent with lichen planus. No atypia was iden-
Thalidomide has many adverse effects besides teratogenicity. Headache, nausea, constipation, rash, sedation, dry mouth, erythema nodosum—like lesions, weight gain, and peripheral edema have all been documented. Also, a peripheral neuropathy may develop, and it has been suggested that patients be monitored every 6 months with nerve conduction studies while taking the drug.

We were able to alleviate most of the sedation and dizziness caused by the use of thalidomide by having our patient take the drug in a single daily dose at bedtime. His peripheral edema resolved when the dosage was reduced. Although he still has a faint rash, he tolerates it and prefers to continue the treatment because of the dramatic improvement in his symptoms and in the appearance of the desquamative gingivitis.

Thalidomide distribution is strictly regulated. Physicians who want to prescribe thalidomide must first register with the manufacturer (Celgene Corp, Warren, NJ). The drug may be dispensed only by registered pharmacies. Physicians and patients must follow the System for Thalidomide Education and Prescribing Safety, or STEPS, Program. This program mandates a signed consent and enrollment in a long-term epidemiological follow-up study. Thalidomide may be given to women of child-bearing potential only if 2 effective forms of birth control are used and monthly STEPS questionnaires and pregnancy tests are obtained.

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Corresponding author: Charles Camisa, MD, 9500 Euclid Ave, Desk A-61, Cleveland OH 44195 (e-mail: camisac@ccf.org).

REFERENCES