COCHRANE-REVIEW

Behandling af symptomgivende oral lichen planus er uden sikker evidens

Oral lichen planus kan være smertegivende, men kan kun symptombehandles og ikke kureres.

Winnie Brodam

I dette Cochrane-review blev 28 standardiserede kliniske studier (RCT) inkluderet. Heraf blev 18 studier vurderet som værende i »høj risiko« for bias pga. selektionsbias, højt dropoutantal og uklarhed omkring resultater. I flere af studierne blev både den subjektive smerteopfattelse og det objektive udseende af Oral lichen planus (OLP) vurderet. Standardbehandlingen af OLP er, ifølge Cochranes nye review, lokal steroidbehandling, men der findes ikke RCT, som sammenligner steroidbehandling med placebo. Ligeledes er der ingen undersøgelser, der kan påvise klare forskelle i effekt imellem forskellige steroider og kombinationer af disse.

Behandling med det immunsuppressivt- og antiinflammatorisk-virkende pimecrolimus, der anvendes mod eksem, blev undersøgt i tre RCT, men i ingen af studierne var der forskel på virkning af medikament og placebo.

To RCT sammenlignede aloe vera med placebo. Det ene studie fandt ingen forskel. I det andet var der en signifikant smertereduktion, dette studie blev dog klassificeret som »uklart« mht. bias. To små placebokontrollerede undersøgelser med cyklosporin viste svag og usikker effekt på smerter og klinisk udseende, igen pga. »høj risiko« for bias.

Forfatterne konkluderer overordnet, at der ikke er evidens for at fremhæve effekten af én behandling frem for andre. Dog er lokal steroidbehandling generelt anerkendt som værende første behandlingsvalg.

Kommentar af adjunkt, tandlæge, ph.d. Camilla Kragelund, Fagområdet Oral Medicin, Tandlægeskolen i København:

– Omkring 2 % af den privatpraktiserende tandlæges patienter har OLP. Heraf vil mange i perioder have symptomer i sådant omfang, at det nedsætter deres livskvalitet, hvorfor de ønsker behandling. Her er det vigtigt, at tandlægen udelukker, at symptomerne skyldes svampeinfektion i OLP-forandringerne, da OLP-patienter har øget risiko for oral candidose. Ligeledes må patienten opretholde en god mundhygiejne, da også bakteriel infektion i slimhinden kan forøge OLP-symptomerne. Her kan der være behov for hyppig professionel tandrensning.

Som det fremgår af Cochrane-reviewet, er der meget få RCT, der omhandler behandling af symptomgivende OLP, dette på trods af at OLP er en hyppig lidelse. Hovedparten af studierne har under 30 deltagere i hver gruppe, hvilket er et problem, da det, groft sagt, kan være svært at opnå statistisk signifikante forskelle med få deltagere. Ydermere mangler studierne et ensartet design, der muliggør, at de kan sammenlignes indbyrdes i større meta-analyser. Samlet medfører dette, at der ikke er stor videnskabelig viden/evidens bag behandlingen af symptomgivende OLP. Behandling med pimecrolimus, ciclosporin og aloe vera kan betegnes som eksperimentel, men ikke alle OLP-patienter har virkning af lokal steroidbehandling, så der er behov for RTC. Ligeledes bør der ud fra et akademisk synspunkt udføres placebokontrollerede undersøgelser af lokal steroidbehandling for at verificere behandlingseffekten, ligesom der mangler RCT, der kan give retningslinjer for steroidvalg, dispenseringsform (fx gel), daglig dosis og behandlingsvarighed.

På Klinikken for Oral medicin på Tandlægeskolen i København er lokal steroidbehandling også første behandlingsvalg mod symptomgivende OLP, hvor oral candidose er udelukket.

Abstract

Background

Oral lichen planus (OLP) is a common chronic autoimmune disease associated with cell-mediated immunological dysfunction. Symptomatic OLP is painful and complete healing is rare.

Objectives

To assess the effectiveness and safety of any form of therapy for symptomatic OLP.

Search strategy

The following electronic databases were searched: the Cochrane Oral Health Group Trials Register (to 26 January 2011), the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1), MEDLINE via OVID (1950 to 26 January 2011) and EMBASE via OVID (1980 to 26 January 2011). There were no restrictions regarding language or date of publication.

Selection criteria

All randomised controlled clinical trials (RCTs) of therapy for symptomatic OLP which compared treatment with a placebo or between treatments or no intervention were considered in this review.

Data collection and analysis

The titles and abstracts of all reports identified were scanned independently by two review authors. All studies meeting the inclusion criteria were assessed for risk of bias, and data were extracted. For dichotomous outcomes, the estimates of effects of an intervention were expressed as risk ratios (RR) together with 95 % confidence intervals. For continuous outcomes, mean differences (MD) and 95 % confidence intervals were used to summarise the data for each group. The statistical unit was the patient. Meta-analyses were done only with studies of similar comparisons reporting the same outcome measures.

Main results

28 trials were included in this review. Pain is the primary outcome of this review because it is the indication for treatment of OLP, and therefore this review indicates as effective, only those treatments which significantly reduce pain. Although topical steroids are considered first line treatment for symptomatic OLP, we identified no RCTs that compared steroids with placebo. There is no evidence from the three trials of pimecrolimus that this treatment is better than placebo in reducing pain from OLP. There is weak evidence from two trials, at unclear and high risk of bias respectively, that aloe vera may be associated with a reduction in pain compared to placebo, but it was not possible to pool the pain data from these trials. There is weak and unreliable evidence from two small trials, at high risk of bias, that cyclosporin may reduce pain and clinical signs of OLP, but meta-analysis of these trials was not possible.

There were five trials that compared steroids with calcineurin inhibitors, each evaluating a different pair of interventions. There is no evidence from these trials that there is a difference between treatment with steroids compared to calcineurin inhibitors with regard to reducing pain associated with OLP. From six trials there is no evidence that any specific steroid therapy is more or less effective at reducing pain compared to another type or dose of steroid.

Authors' conclusions

Although topical steroids are considered to be first line treatment, we identified no RCTs that compared steroids with placebo in patients with symptomatic OLP. From the trials in this review there is no evidence that one steroid is any more effective than another. There is weak evidence that aloe vera may reduce the pain of OLP and improve the clinical signs of disease compared to placebo. There is weak and unreliable evidence that cyclosporin may reduce pain and clinical signs of OLP. There is no evidence that other calcineurin inhibitors reduce pain compared to either steroids or placebo. From the 28 trials included in this systematic review, the wide range of interventions compared means there is insufficient evidence to support the effectiveness of any specific treatment as being superior.

Thongprasom K, Carrozzo M, Furness S, Lodi G. Interventions for treating oral lichen planus. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD001168. DOI:10.1002/14651858.CD001168.pub2.