

ORAL LICHEN PLANUS

The following study suggests that tacrolimus may be an effective treatment for OLP - "Comparative effect of tacrolimus 0.1% ointment and clobetasol 0.05% ointment in patients with oral lichen planus" ([J Clin Periodontol. 2008 Mar;35\(3\):244-9](#)).

BACKGROUND: Oral lichen planus (OLP) is considered to be an autoimmune disease of unknown aetiology that affects the mucosae, especially the oral cavity.

OBJECTIVE: We compared tacrolimus 0.1% ointment and clobetasol 0.05% ointment for the treatment of OLP.

PATIENTS AND METHODS: A total of 32 patients (20 females and 12 males; all white, Italian origin, mean age of 43.6+/-18.4 years; 16 patients per treatment group) were treated with tacrolimus or clobetasol ointment for 4 weeks in a randomized, double-blind, clinical trial. Pain severity, burning sensation, and mucosal lesion extension were assessed using a four-point scale.

RESULTS: At the end of the treatment period, symptom scores were significantly lower in the tacrolimus group than in the clobetasol group.

CONCLUSIONS: The results of this study suggest that tacrolimus 0.1% ointment is more effective than clobetasol propionate 0.05% ointment in the treatment of OLP. However, other studies are needed to confirm the effectiveness of this treatment before it can be recommended for use in clinical practice. PMID: 18269664

With our state of the art compounding lab and pharmaceutical knowledge and experience, we can compound tacrolimus into an oral adhesive dental gel that can be applied directly to the lesions.

An example of how you might prescribe follows:

COMPOUNDED MEDICATION

Tacrolimus 0.1%
Oral Adhesive Gel
15gm
Apply BID to lesions for 4 weeks