
Esophageal Lichen Planus

Esophageal lichen planus is a condition that affects the swallowing tube (esophagus) and can lead to difficulty and pain with swallowing. It is important to know that esophageal lichen planus is not contagious. It occurs most often in middle-aged and older women, but anyone can get it. Esophageal lichen planus can last a long time and be difficult to treat, but treatment can help manage symptoms and prevent complications.

What causes esophageal lichen planus?

Esophageal lichen planus is caused by the immune system attacking the body's own healthy tissue by mistake. It is not known why this happens. In many cases, there are no specific triggers for esophageal lichen planus. However, some things that can lead to or worsen it include:

- Certain medicines, such as some blood pressure medicines, pain relievers, or cancer treatments
- Infections, such as hepatitis C
- Stress may make it worse

What are the signs of esophageal lichen planus?

The most common signs/symptoms with esophageal lichen planus are pain with swallowing or trouble swallowing. Over time, inflammation in the esophagus can lead to ulcers and scar formation with narrowing in the esophagus. These changes cause pain and difficulty swallowing. In some cases, food can get stuck and some people will need to have their esophagus stretched to help with swallowing.

Other signs and symptoms may include:

- Pain when swallowing
- Chest pain or discomfort in the middle of the chest
- Food or pills getting stuck in the esophagus
- Unintended weight loss

Important things to know:

- Many people with esophageal lichen planus will have other areas that are affected by lichen planus, especially the mouth (see below).
- Esophageal lichen planus can last longer and be harder to treat than lichen planus on the skin.

Can lichen planus affect other parts of the body?

Yes. Lichen planus can also affect the:

- **Skin:** Purple, red, brown, or grey bumps on the skin
- **Mouth:** white lacy spots, redness, pain, or sores

- **Scalp:** itching, redness, scaling, or hair loss
- **Nails:** ridges, splitting, thinning, or nail loss
- **Genital skin:** pain, redness, sores, or scarring

Tell your doctor if you have skin changes, mouth sores, genital pain, hair loss, or nail changes.

How is esophageal lichen planus diagnosed?

Esophageal lichen planus is diagnosed by asking questions about your symptoms, your medical history, examination of the esophagus, and often biopsy.

- **Examination:** To examine the esophagus a gastroenterologist will insert a flexible lighted tube with a camera called an endoscope into your mouth to look for inflammation in your esophagus. This procedure is called upper endoscopy (or EGD). This procedure is done under sedation.
- **Biopsy:** During the endoscopy, the gastroenterologist may remove small tissue samples to view under a microscope to look for inflammation in the esophagus.

Esophageal lichen planus can be hard to diagnose because it is uncommon and can have similar symptoms to other conditions, such as gastroesophageal reflux disease (GERD). Your team may recommend additional tests such as checking in the mouth and skin to look for other signs of lichen planus.

What is the treatment for esophageal lichen planus?

Esophageal lichen planus is a chronic condition, but treatment can help improve symptoms, reduce inflammation, and improve problems like scarring or narrowing of the esophagus. Treatment is usually long-term, and symptoms may come back if treatment is stopped. Your gastroenterologist may coordinate your care with other providers.

Your gastroenterologist may also recommend one or more of the following treatments:

- **Proton Pump Inhibitors (PPI)**
 - PPIs work for esophageal lichen planus by reducing stomach acid and helping the esophagus heal. Examples include omeprazole, esomeprazole, pantoprazole, lansoprazole, dexlansoprazole, rabeprazole.
- **Swallowed steroid medications**
 - Swallowed steroids solutions that coat the esophagus to reduce inflammation. Examples include budesonide and fluticasone.
- **Medications (pills or swallowed suspensions) that control the immune system**
 - Pills or liquid suspensions including metronidazole, hydroxychloroquine, methotrexate, mycophenolate or janus kinase (JAK) inhibitors can reduce inflammation in the esophagus.
- **Esophageal dilation**

- A dilation procedure may be performed when esophageal lichen planus results in a narrowing of the esophagus. During an endoscopy, a balloon or similar tool is passed into the esophagus and then inflated to stretch or widen the esophagus. This procedure does NOT reduce the inflammation in the esophagus, but helps open the esophagus when it has narrowed.

Each of these treatments may have side effects. Talk with your doctor about the side effects of these treatments.

There are no FDA approved treatments for esophageal lichen planus.

What can I do at home?

While esophageal lichen planus usually requires medical treatment, there are things you can do at home to help reduce your symptoms:

- **Eat soft, moist foods:** cut food into small pieces, eat slowly, drink liquids with meals
- **Avoid irritating foods and drinks:** spicy, acidic, very hot foods and drinks, alcohol, and tobacco can irritate the esophagus
- **Minimize and manage stress when possible:** stress can contribute to lichen planus flares. Consider strategies that help your body recover from stress like meditation, journaling, and therapy.
- **Track your triggers:** keep a journal or food log to monitor whether there are things that seem to worsen symptoms
- **Follow your treatment plan:** take medicines as prescribed and attend follow-up appointments

When to seek help right away:

- You cannot swallow food or liquids
- Food gets stuck and will not go down or come back up
- You are losing weight without trying

Who treats esophageal lichen planus? How often should I see them?

Esophageal lichen planus is often managed by a team, which usually includes:

- **Gastroenterologist:** helps diagnose and manage lichen planus in the esophagus by performing endoscopy, esophageal dilations, and prescribing medications.
- **Dermatologist:** helps manage lichen planus on the mouth, genital area, and skin and may help to coordinate treatment for some esophageal lichen planus patients, especially if lichen planus is in other places on the skin or tissues.

How often you need follow-up depends on your symptoms. Regular follow-up is important and treatment is long-term. Esophageal lichen planus carries a small risk of esophageal cancer, so your gastroenterologist may recommend repeat endoscopies to monitor the esophagus over time.

Questions to ask at your visit

- How does my lichen planus seem today?
- How can we tell whether it is spreading or getting worse?
- How long will my medication take to work?
- What side effects should I watch for?
- When should I return?

Other Resources:

- American Academy of Dermatology <https://www.aad.org/public/diseases/a-z/lichen-planus-overview>

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