

The Role of Salivary Cytokines in Patients with Oral Lichen Planus

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Editorial

Oral lichen planus (OLP) is chronic inflammatory disease of the oral mucosa whose etiology is still unknown but mounting evidence points to the immunologic basis of this disorder [1]. OLP has many different forms; however, reticular type is the most frequent one. OLP is thought to be precancerous lesion with different percentages of malignant transformation reported in the literature. It is well known that erosive/atrophic type most commonly evolve into oral cancer. So far, many salivary cytokines have been investigated in patients with OLP in order to obtain better diagnostic and/or prognostic evaluations. Still, due to the conflicting results, none of the investigated cytokines have been proposed as the most useful marker of the disease. Salivary IL-6 levels have been reported as elevated IL-6 levels in OLP patients by many authors; however some authors reported decreased levels. Sosroseno et al. [2] presumed that increased IL-6 levels develop simultaneously with presentation of autoantigens to the Langerhans cells. Therefore, IL-6 might modulate the severity of the oral lichen disease. Higher salivary IL-6 levels might reflect local or systemic production within many cell types, however, as cytokines act mainly locally and shortly it is more probable that their increased levels reflect local production from keratinocytes, monocytes, macrophages, activated T lymphocytes, endothelial cells and fibroblasts. Abdel-Haq et al. [3] reported that salivary IL-6 levels were increased in patients with OLP in comparison to the healthy controls. Furthermore, patients with atrophic-erosive oral lichen planus had significantly higher IL-6 concentrations in their saliva compared to patients with reticular form of disease. The same authors concluded [3] that the differences observed in IL-6 levels in patients with erosive-atrophic forms of oral lichen planus may indicate a substantial role played by the cytokine in the disease. Gu et al. [4] detected elevated levels of oral and serum IL-6 in patients with ulcerative lichen in comparison to the reticular lichen and controls thus suggesting that elevated IL-6 might reflect chronic inflammatory nature of ulcerative lichen. On the contrary, Fayyazi et al. [5] suggested that OLP is a

