

Oral Erosive Lichen Planus Successfully Treated with Baricitinib

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Introduction

Lichen planus (LP) is a chronic inflammatory disorder that most often affects middle-aged adults. LP can involve the skin or mucous membranes including the oral, vulvovaginal, esophageal, laryngeal, and conjunctival mucosa. It has different variants based on the morphology of the lesions and the site of involvement.[1] Oral lichen planus (OLP) is one of the most common variants of LP, showing different clinical presentations; among them, erosive OLP severely affects the quality of life of the patients, resulting in painful erosion of the mucous membranes. Management of erosive OLP has proven to be difficult; however, recent reports of treatment with Janus kinase inhibitors (JAKi) such as baricitinib are encouraging. [2] This paper reports the successful treatment of erosive OLP with baricitinib in a patient with recalcitrant disease.

Case Presentation

A 79-year-old female presented painful erosions and ulcerations of the ventrolateral region of the tongue with

oral disease severity score (ODSS) =12 (Figure 1A) and lesions compatible with LP on the back of the hands, on the volar surface of forearms, and on the soles, with papules showing clinical features of hypertrophic LP. After confirmation of the diagnosis, treatment with prednisone 50 mg and methotrexate 12.5 mg/day was started, with marked improvement of the skin manifestations after 12 weeks of treatment. In contrast, the involvement of the oral cavity did not show significant improvement despite the multiple treatments, including prednisone, methotrexate, azathioprine, topical clobetasol propionate 0.05%, and intralesional triamcinolone. Considering the patient's poor clinical control and reduced quality of life due to the persistence of erosive mucosal lesions, off-label therapy with baricitinib 4 mg/day was introduced, while maintaining prednisone 5 mg/day. After three months of baricitinib treatment, there was a marked improvement, with ODSS=4, followed by a complete remission after five months (ODSS=0) (Figure 1B), which was maintained at 7-month follow up. No obvious side effect was reported by the patient.

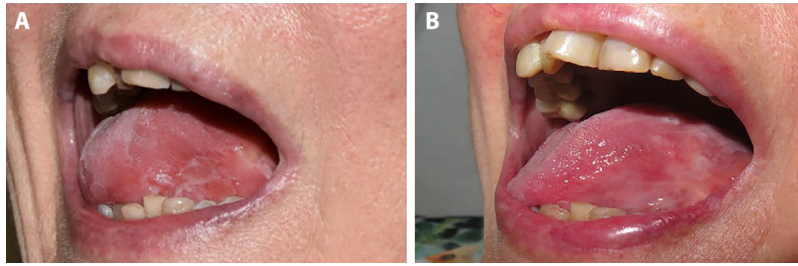


Figure 1. Painful erosions and ulcerations of the tongue (A) complete remission of the oral disease after five months of baricitinib (B).

The treatment of erosive OLP includes systemic corticosteroids, immunosuppressants, and/or oral retinoids. [3] Management of erosive OLP has proven to be difficult; [4] however, JAKi such as baricitinib may represent a new possible line of treatment. There are currently 16 published cases of cutaneous only LP treated with baricitinib; nine of them achieved complete or partial remission of the disease, while in the other seven, baricitinib was not able to improve the skin lesions. [2] Moreover, a case report of a 63-year-old female presenting with chronic alopecia areata (AA) and coincidental acute OLP was recently published. Baricitinib 3.4 mg twice daily was commenced, with improvement in OLP after 1 month and sustained response after four months. Except for mild hypercholesterolaemia, baricitinib was well tolerated. [5]

Conclusion

We report the second documented case of erosive OLP that has been successfully treated with baricitinib, suggesting the latter as a potential new therapeutic option in patients with recalcitrant erosive OLP. However, given the conflicting results reported in the literature, further controlled studies on larger case series are needed to evaluate the actual efficacy of baricitinib in OLP and LP patients.

References

1. Gorouhi F, Davari P, Fazel N. Cutaneous and mucosal lichen planus: a comprehensive review of clinical subtypes, risk factors, diagnosis, and prognosis. *Scientific World Journal*. 2014 Jan 30;2014:742826. DOI: 10.1155/2014/742826. PMID: 24672362; PMCID: PMC3929580.
2. Abduelmula A, Bagit A, Mufti A, Yeung KCY, Yeung J. The Use of Janus Kinase Inhibitors for Lichen Planus: An Evidence-Based Review. *J Cutan Med Surg*. 2023 May-Jun;27(3):271-276. DOI: 10.1177/12034754231156100. Epub 2023 Feb 23. PMID: 36815857; PMCID: PMC10291104.
3. Thandar Y, Maharajh R, Haffejee F, Mosam A. Treatment of cutaneous lichen planus (part 2): a review of systemic therapies. *J Dermatolog Treat*. 2019 Nov;30(7):633-647. DOI: 10.1080/09546634.2018.1544411. Epub 2018 Dec 11. PMID: 30451042.
4. Balestri R, Bortolotti R, Rech G, Girardelli CR, Zorzi MG, Magnano M. Treatment of Oral Erosive Lichen Planus With Upadacitinib. *JAMA Dermatol*. 2022 Apr 1;158(4):457-458. DOI: 10.1001/jamadermatol.2022.0147. PMID: 35294521.
5. Moussa A, Colla T, Morrison B, Sinclair R. Effective treatment of oral lichen planus with the JAK inhibitor baricitinib. *Australas J Dermatol*. 2022 May;63(2):276-277. DOI: 10.1111/ajd.13811. Epub 2022 Feb 25. PMID: 35213737.