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EPIDEMIOLOGICAL AND CLINICAL ASPECTS OF ORAL LICHEN PLANUS:
A REVIEW OF INTERNATIONAL STUDIES AND RESEARCH FROM
UZBEKISTAN

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Abstract. Oral lichen planus (OLP) is a chronic immune-mediated inflammatory disease characterized by diverse clinical manifestations and a prolonged course. Its clinical significance is associated with painful erosive lesions, the need for long-term follow-up, and the potential risk of malignant transformation. Differences in diagnostic approaches and sampling methods complicate comparisons of epidemiological estimates. For Uzbekistan, synthesizing local clinical evidence and assessing its comparability with international findings remain important.

Objective. To synthesize published evidence on the prevalence and clinical characteristics of OLP, assess the available research in Uzbekistan, and identify directions for further investigation.

Materials and Methods. A narrative review was conducted using accessible scientific publications available through PubMed, PubMed Central, the inLibrary.uz electronic library, and scientific journal websites. Epidemiological and clinical studies, meta-analyses, and dissertation materials were considered. Searches employed Russian, English, and Uzbek terms referring to the disease, its prevalence, and clinical forms. The analysis considered study design, sample characteristics, diagnostic approaches, and the meaning of the reported measures. Population prevalence was examined separately from the distribution of clinical forms among patients. No original meta-analysis was performed.

Results and Discussion. According to the meta-analysis by C. Li et al., the pooled prevalence of OLP was 0.89% (95% CI: 0.38–2.05%) in the general population and 0.98% (95% CI: 0.67–1.43%) in clinical populations. Between-study heterogeneity limits the direct application of these estimates to individual countries [1]. The meta-analysis by M.Á. González-Moles et al. estimated a global prevalence of 1.01%, with an increase after the age of 40 and differences in detection according to diagnostic criteria and examiner specialty [2].

In Uzbekistan, the clinical characteristics of OLP were examined in U.A. Shukurova's study involving 139 patients aged 18–69 years. The typical form was reported in 25.90% of patients, the exudative-hyperemic form in 24.46%, the erosive-ulcerative form in 30.22%, and the bullous form in 19.42% [3]. These findings describe the distribution of clinical forms within the study sample but do not establish disease prevalence in the national population. A representative nationwide estimate could not be confirmed in the accessible sources reviewed.



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Comparison of the publications highlights the need for standardized diagnostic criteria and separate interpretation of population-based and clinical measures. Local studies provide valuable information about the patients examined but should be complemented by population-based epidemiological surveys.

Conclusion. International evidence suggests that OLP affects approximately 1% of the population, although estimates vary considerably between studies. Evidence from Uzbekistan demonstrates a range of clinical forms and a substantial proportion of erosive-ulcerative lesions within the examined sample. Multicenter population-based studies employing representative sampling, accounting for age and sex distributions, and using standardized diagnostic criteria constitute an important direction for future research.