

Estimating cost of illness of oral lichen planus: an out-patients based study

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Introduction. To estimate the economic cost of oral lichen planus (OLP) in a sample of Italian population.

Materials and methods. The economic burden of OLP was estimated through a retrospective study of a cohort patients with OLP, followed in the Oral Medicine department of the Catholic University of the Sacred Heart in Rome. Data were collected from medical records of the patients and the cost of OLP was carried out.

Results. Sixty-two patients with histological diagnosis of OLP (43 females and 19 male), with a mean age of 64.9 years, were enrolled in this study. In our cohort the anatomical site involved were the buccal mucosa (64%), followed by the tongue (28%), with only the 7% of other muco-cutaneous lesions reported. The mean follow-up was 48.4 months with an average of 10 visits per patients (2.5 per years). The study population was divided in two groups according to the need of therapy: 35 subjects took medications (group 1) and 27 did not (group 2). group 1, in a mean follow-up time of 68 months (5.6 years), received an average of 14 visits (range 3-36; 2.5 per year) and 1.6 biopsies (range 1-3) with 417 applications of clobetasol dipropionate (range 120-2610; 74.5 administrations per year) and 192 administrations of anti-mycotic (range 21-1512; 34 administrations per year). group 2, in a mean follow-up time of 24 months (2 years), received an average of 5.7 visits (range 1-17; 2.8 mean per year) and 1 biopsy (range 1-3). group 1 had a mean direct cost of 458 euros, whereas group 2 had a mean direct cost of 230 euros.

Conclusion. This study highlighted the economic burden of OLP in a group of Italian patients showing that OLP patients who undergo therapy have a direct cost two times greater than patients who do not undergo therapy.

References

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A preliminary correlation study between skull structures and OSAs in adults

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Introduction. The Obstructive Sleep Apnea Syndrome is a common disease that is estimated to affect 2% of middle-aged women and 4% of middle aged men. Its incidence and gravity increase in the range of 30-60 years age, and in the overweight and sedentary life patients. The purpose of this study is to verify the presence of a correlation between gravity OSAs and skeletal parameters, and in the specific field if the cranial base angle can be considered an inductive factor of OSAs.

Methods. 100 patients (42 males and 58 females) with symptomatic mild to severe OSA (Apnea and Hypopnea Index AHI >10 for hour of sleep during diagnostic polysomnography) were recruited. Their mean age was 51.3 years, their mean body mass index (BMI) was 29 and their minimal oxygen saturation (SaO₂) was 78.8%. Each patient underwent overnight polysomnography and cephalometric study, to analyse and compare cardiorespiratory parameters and skeletal measurements. In the specific field, we focused on the following values: a) AHI (Ap-

nea Hypopnea Index); b) SaPO2 Nadir, minimum saturation value; c) CBA (Cranial Base Angle), reference angle for the statistical valuation of skull.

Results and discussion. The correlation data shows: the positive correlation between AHI-CBA with a p-value of 0.2146605*; a negative correlation with CBA-Nadir with a p-value of 0.24040*. This results explains how post-rotation of the occipital-sphenoidal suture, generates the stretching of the upper constrictor pharyngeal muscle, reducing the pharyngeal channel size. In addition, a negative correlation between the minimum saturation SaPO2 Nadir and CBA, explains as an increased value of the width of cranial base can be considered a risk factor of desaturation of the patients.

Conclusions. The values of this study confirm the centrality of the skull structures such as a inductive factor of OSAs, suggesting to perform specific controls in patients with and increased cranial base angle.

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Case series

Metabolic syndrome incidence in cases of oral lichen planus: a prospective case-control study in a Northern Italian population

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The term metabolic syndrome (MS) is usually referred to a group of risk factors able to increase the chance for heart disorders and other health problems. The term “metabolic” is interconnected to the biochemical processes of the body’s normal functioning. Risk factors associated could be different: 1) abdominal obesity; 2) high triglyceride level (or medicine to treat high triglycerides); 3) low HDL cholesterol level (or medicine to treat low HDL cholesterol); 4) high blood pressure (or medicine to treat high blood pressure); 5) high fasting blood sugar (or medicine to treat high blood sugar).

Recently, some Authors have reported a potential association between oral lichen planus (OLP) and MS. The aim of this study is to evaluate this possible relationship in a cohort of selected patients.

A prospective case-control analysis was conducted on a comprehensive sample collected from the Caucasian population resident in Piedmont, North-west Italy; only patients older than 18 years-old were selected, while pregnant or breast-feeding women were excluded. The case group consisted of 325 patients attending the Oral Medicine Unit, C.I.R. Dental School, who had a histopathological confirmed diagnosis of OLP in the period between January 2015 and May 2017. A sample of 250 healthy controls with no clinically detectable oral lesions, unrelated to the cases, were recruited from the population attending two dental private practices in need of an oral implant rehabilitation.

Anamnestic data were collected thoroughly in both groups, focusing on pre-existing or coexisting systemic diseases and daily medications. In particular, the prevalence of diabetes, Hepatitis C (HCV) infection, hypertension, use of lipid modifying agents and their serum levels of Fasting Plasma Glucose (FPG).

Quantitative variables were described via means, standard deviations, medians, first and third quartiles; qualitative ones via frequencies and percentages. Due to the non-Gaussian distribution of the medians, their differences were tested using Kruskal-Wallis tests. Chi squared tests were performed to evaluate differences in qualitative variables; meanwhile if the values were expected to be less than 5, Fisher’s exact tests were performed. Then, odds ratios (ORs) and their 95% confidence intervals (95% CIs) were obtained computing two multivariable logistic regression models. The first one was adjusted for age, gender, body mass index (BMI) and smoking status; the second one was adjusted also for diabetes, hypertension and HCV infection. Statistical analyses were performed using SAS ver.9.3 and a 2-tails p-value less than .05 was considered statistically significant.

The two groups were similar for sex, age, habit of smoking and HCV. There was a statistically significant difference