

Dental note

Topical corticosteroids and the oral mucosa

Topical corticosteroid ointments are an important component in the management of oral mucosal disease. When used appropriately, they are effective and have few adverse reactions. Therapeutic Guidelines: Oral and Dental lists:¹

- the indications for use
- properties of topical corticosteroids used on the oral mucosa
- information on application
- adverse effects, precautions and contraindications.

Oral medicine specialists manage a range of mucocutaneous diseases, either with concurrent skin involvement, or restricted to the oral mucosa. A number of these are T-lymphocyte-mediated and, as such, generally respond well to topical corticosteroid preparations. It is important that topical corticosteroids be used only when a condition that requires their use has been correctly diagnosed. Ointments are the preferred vehicle for delivery of the corticosteroid both for patient acceptance and clinical effectiveness.

Common oral mucosal conditions treated with topical corticosteroid ointments include oral lichen planus and aphthous ulcerative disease. Both respond well to topical corticosteroids, although with different defined end points.

Lichen planus generally has a fluctuating course, often extending over many years, so the aims of treatment include the control of the patient's symptoms. These usually result from atrophic and erythematous lichen planus. Minimisation of the flares of this condition can generally be achieved by the judicious use of topical corticosteroids.

The aim with aphthae is to inhibit lesion development past the prodromal, preulcerative phase or at least to significantly truncate the clinical course of developed lesions in the ulcerative phase.

Concerns with the use of medium and high potency corticosteroid preparations on the oral mucosa relate to effectiveness in a wet environment and atrophy with inappropriate prolonged use. As with any medication, clear instruction to the patient is important. Drug uptake is rapid even in a wet environment and with careful and frugal application, even over a prolonged period of time, adverse effects are extremely uncommon. The main concern with corticosteroid use is a secondary candidosis in predisposed patients such as those with salivary hypofunction, prosthesis wearers, users of inhaled corticosteroids and those taking antibiotics.

Experience shows that use of low potency corticosteroids is often ineffective. Medium and variably high potency corticosteroid ointments provide the most efficacious outcomes for oral mucosal diseases.

Conflict of interest: none declared

REFERENCE

1. Oral and Dental Expert Group. Therapeutic guidelines: oral and dental. Version 2. Melbourne: Therapeutic Guidelines Limited; 2012. pp. 35-40.

See: Carlos G, Uribe P, Fernández-Peñas P. Rational use of topical corticosteroids. *Aust Prescr* 2013;36:158-61.

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