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P099 Use of roflumilast in erosive oral inflammatory conditions
Rachel Botrugno, Bijaya Rajlawat, Daniel Finn and Paul Devakar Yesudian
Liverpool University Dental Hospital, Liverpool, UK

Roflumilast is a phosphodiesterase type 4 (PDE4) inhibitor commonly used in respiratory medicine to manage chronic obstructive lung disease. Recently, there have been case reports of its effectiveness in oral mucosal conditions. We review five patients with different erosive mucosal lesions who responded to this medication. All patients were commenced on 250 μg daily, increasing to 500 μg if indicated. Case 1 is a 57-year-old woman who presented to the dermatology/oral medicine (DOM) clinic with long-standing recurrent aphthous stomatitis from her late teens. Treatment with colchicine and dapsone in combination was ineffective. Roflumilast was added and colchicine was stopped following a positive response. Case 2 is a 78-year-old woman seen in DOM in 2021 with erosive oral lichen planus. She did not respond to oral hydroxychloroquine, mycophenolate mofetil,
azathioprine and multiple tapering courses of systemic steroids. Roflumilast was commenced recently, and the patient has not reported any flares since. Case 3 is a 26-year-old man with recurrent erythema multiforme predominantly involving the oral mucosa with erosive changes. He was treated with dapsone, prophylactic valaciclovir, and multiple courses of tapering prednisolone. Response was noted but breakthrough flares continued to occur. Roflumilast was commenced 6 months ago with no flares noted since. Case 4 is a 67-year-old woman who presented to dermatology in 2022 with severe oral erosive lichen planus of 4 years’ duration. Treatment with courses of oral prednisolone, hydroxychloroquine and acitretin were ineffective. Roflumilast was introduced, with excellent remission of all the erosions for the last 7 months. Case 5 is a 34-year-old woman who presented to DOM in August 2021 with recurrent deep, severe aphthous stomatitis. She was previously prescribed mycophenolate mofetil and reducing oral systemic steroids by dermatology for severe pyoderma gangrenosum; however, it did not help the oral ulcers. Hydroxychloroquine, colchicine and azathioprine were ineffective for the aphthous stomatitis. Roflumilast was commenced, resulting in clearance of the oral ulcers. Roflumilast acts by inhibiting PDE4, which in turn increases cyclic adenosine monophosphate, and this causes inflammatory modulators such as interleukins and tumour necrosis factor-α to be downregulated. These inflammatory mediators play a role in oral erosive conditions such as oral lichen planus and recurrent aphthous stomatitis. PDE4 inhibitors, including roflumilast and apremilast, have shown promising results in managing oral ulceration in patients with Behçet disease and aphthous ulcers. We advocate the use of roflumilast for oral erosive conditions when standard systemic agents are ineffective or cause side-effects.