Professor Anita Nolan

Specialist in Oral Medicine

Christchurch

Sunday, August 11, 2019

(Plenary)

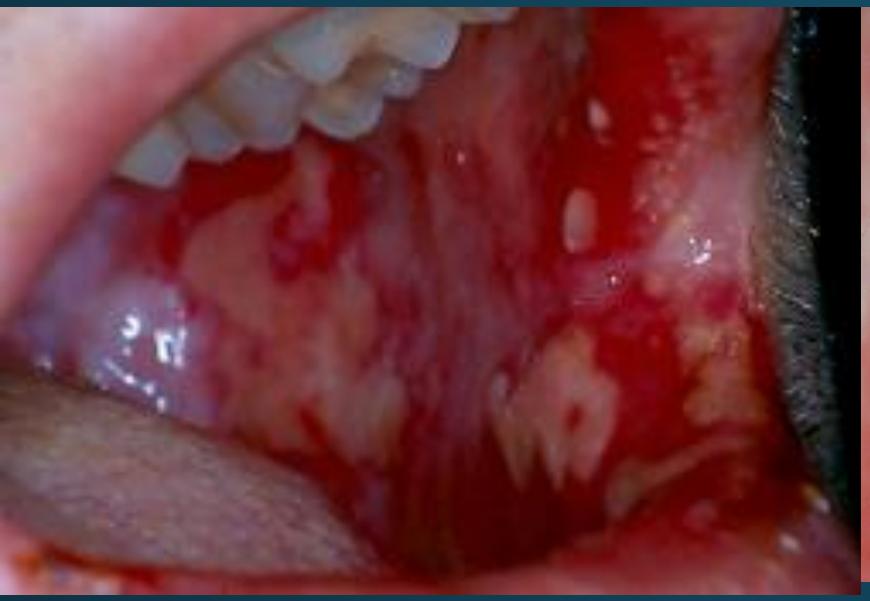
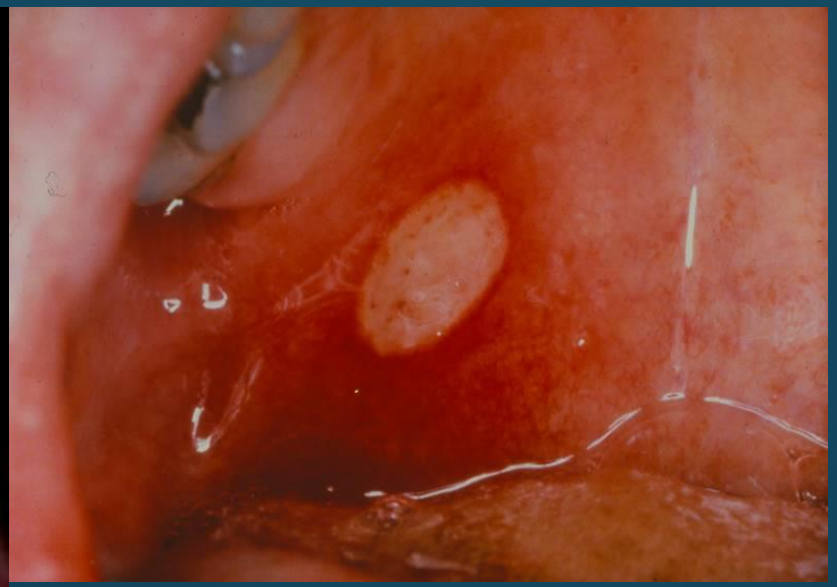
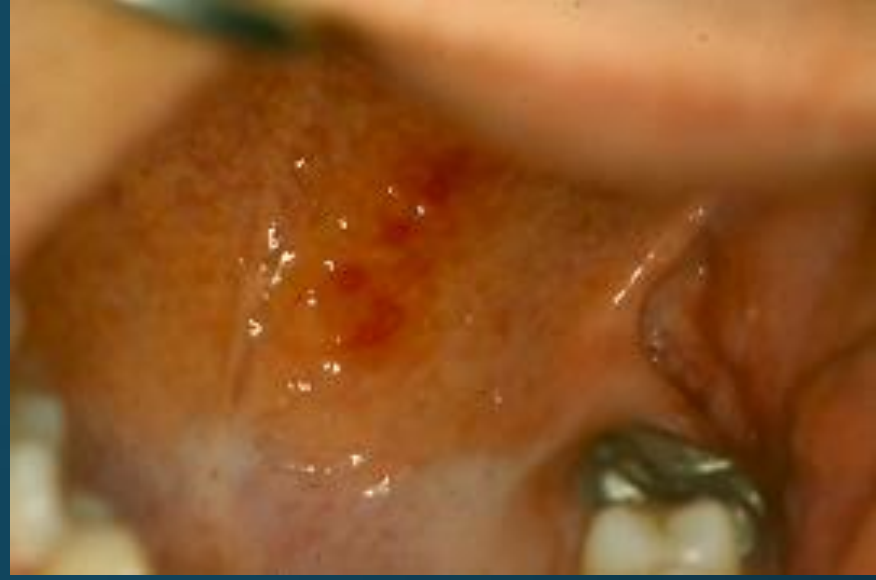
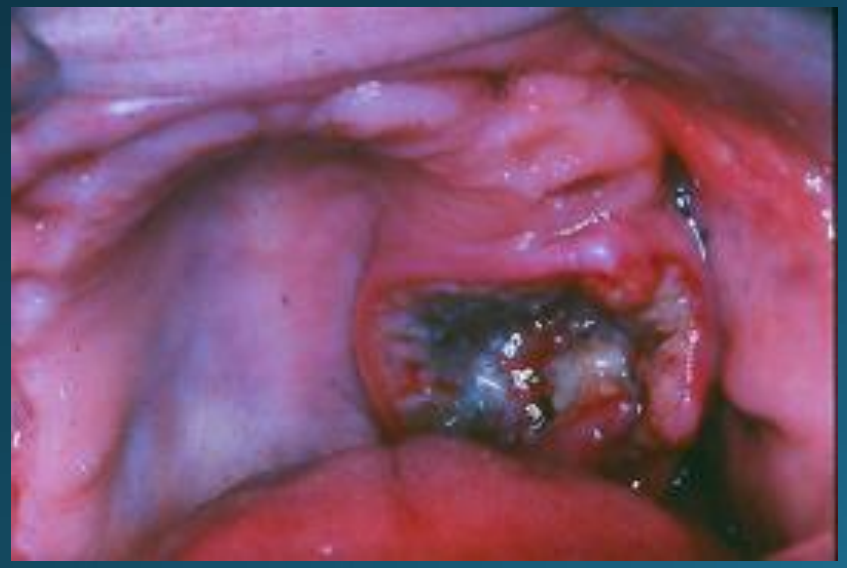
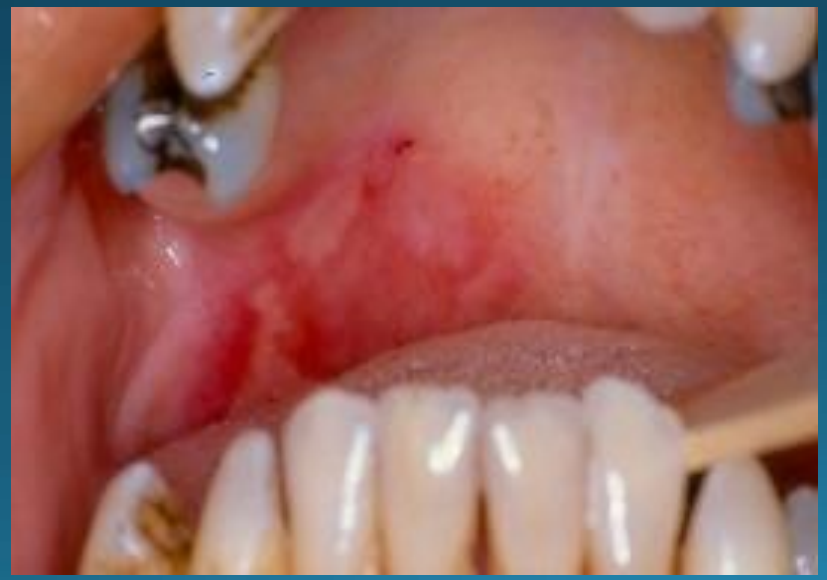
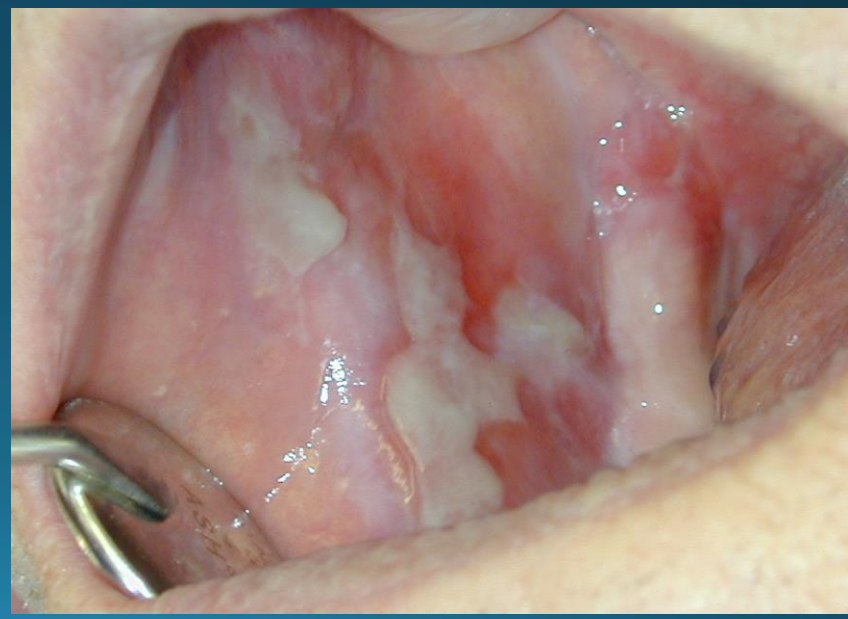
8:50 - 9:10 Ulcers in the Mouth

Ulcers in the Mouth

South GP CME 2019

Anita Nolan, Oral Medicine Specialist

www.oralmedicine.co.nz

Main Causes of Mouth Ulcers

- Trauma
- Recurrent Aphthous Stomatitis
- Infectious causes
- Dermatological / Immunological (includes allergy)
- Malignancy

Importance of History in Oral Ulceration

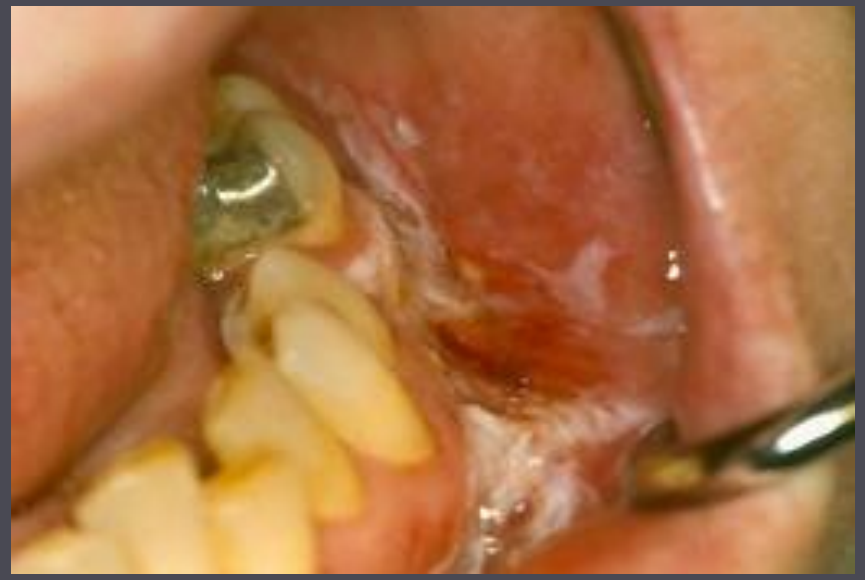
- Age of patient
- Has the patients had previous ulcers and are they cyclical or persistent
- Site of ulcers…?on keratinised or non-keratinised mucosa
- Has the patient had herpes in the past?
- Does the patient have a history of allergies?

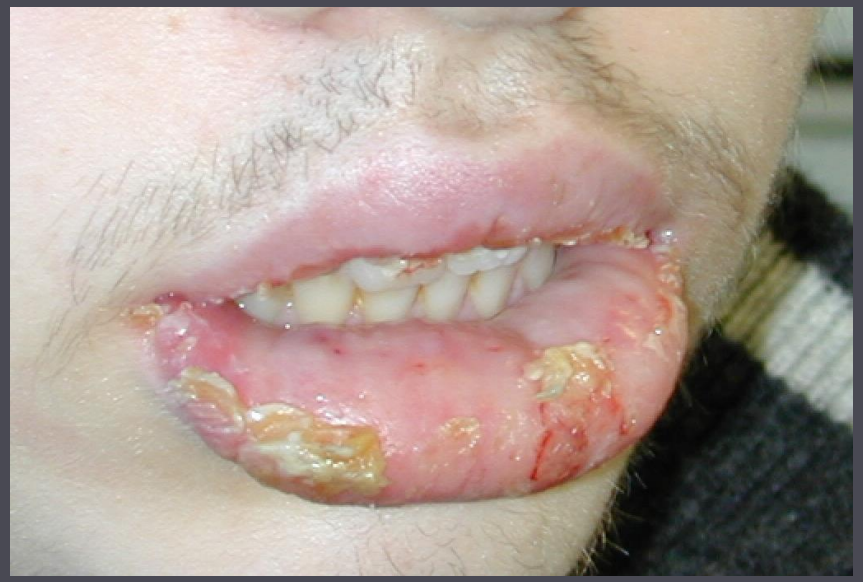
History

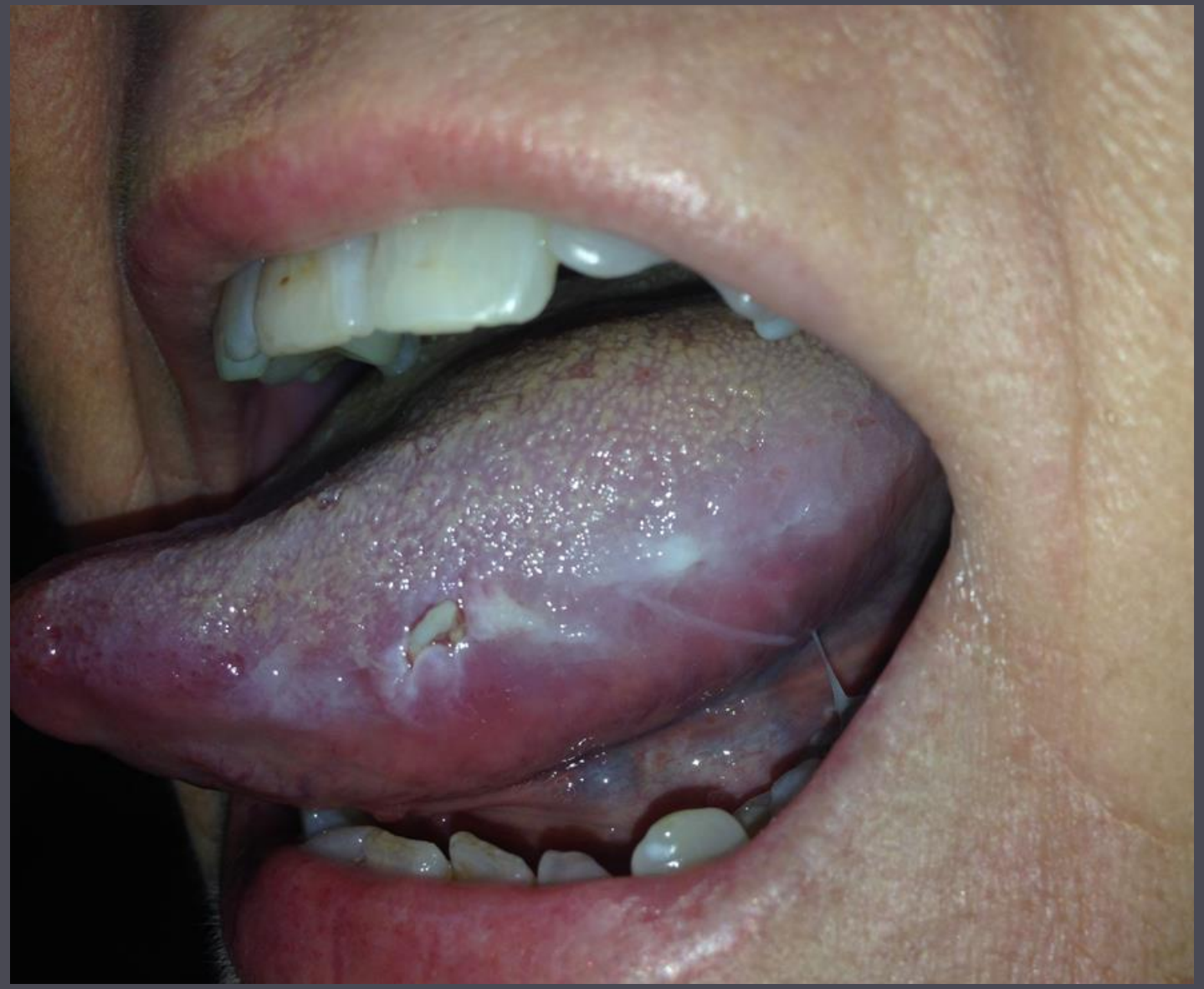
- Single v multiple
- Does it involve other mucosal sites e.g. eyes
- Has the patient started drugs recently or are they on nicorandil?
- Has the patient stopped smoking recently?
- Is the patient generally in good health?

Traumatic

- Mechanical (toothbrush, dentures)
- Chemical (aspirin burn)
- Thermal (pipe smoking, hot food)



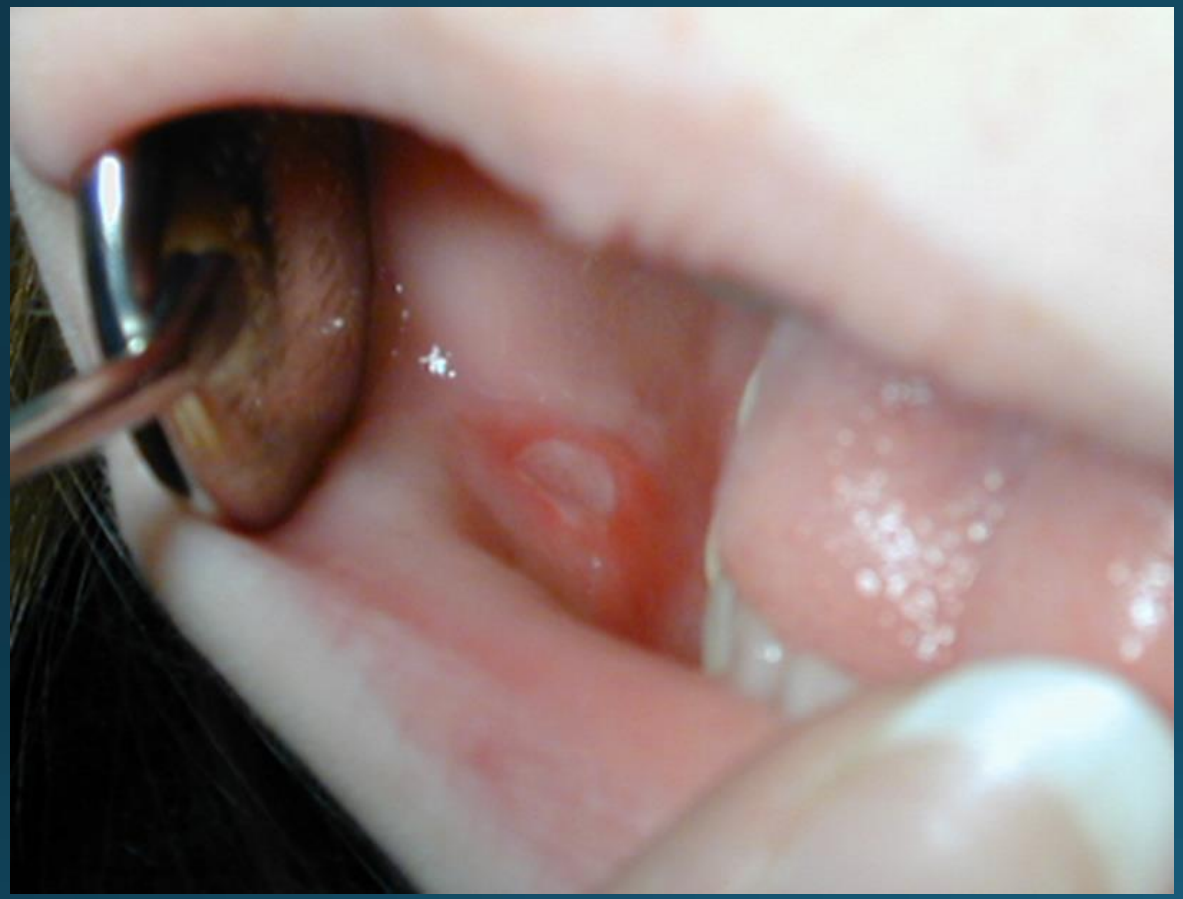


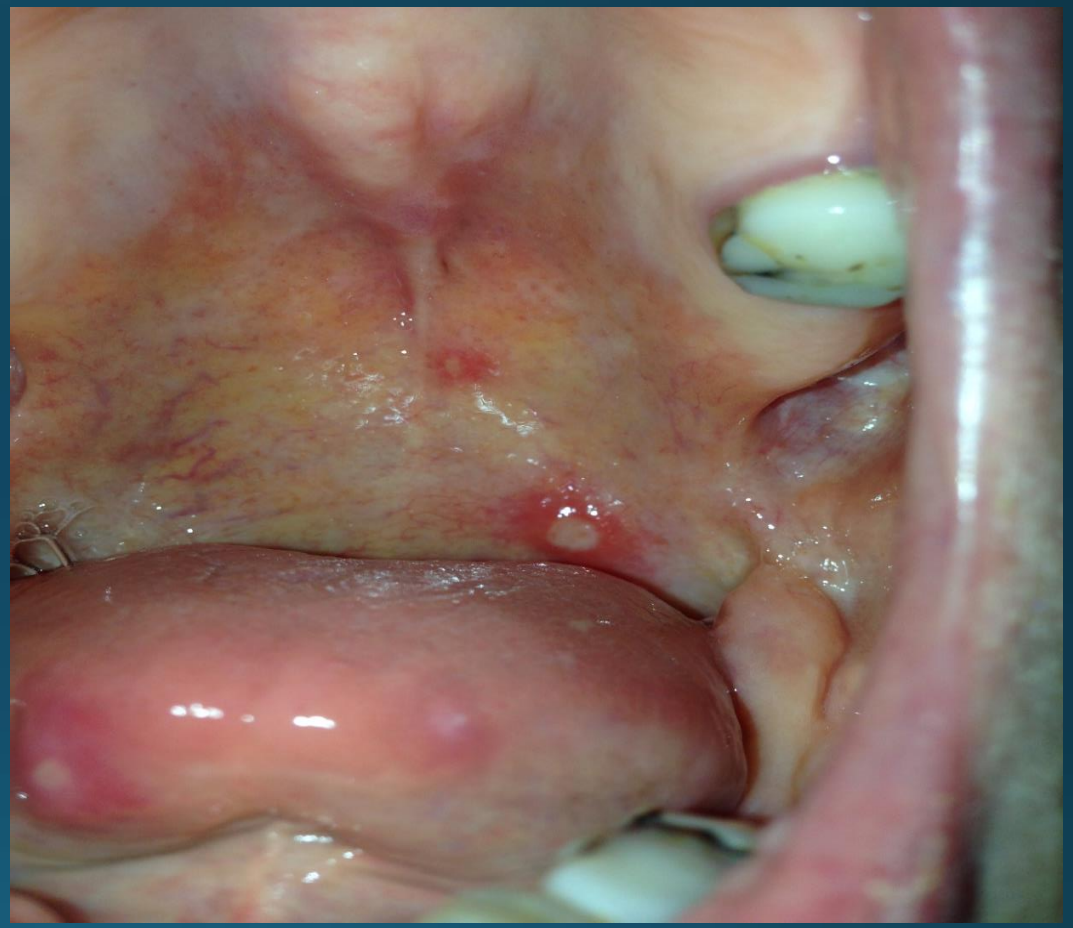


Recurrent Aphthous Stomatitis

Minor RAS (80% of all RAS)

- 1-3mm “regular” outline oral or oval ulcers
- Occur in crops, with variable ulcer-free periods
- Last up to 10 days & heal without scarring
- Never occur on keratinised mucosa i.e. never on hard palate or attached gingiva
- Painful





RAS……known triggers

- Haematinic deficiency in 20% of sufferers
- Iron, B12 & Folic Acid
- 60% positive response following appropriate supplementation

RAS triggers

- Psychological factors
- Allergies / Drugs (SLS free toothpaste may help)
- Systemic causes e.g. cyclic neutropenia, Crohn’s or Coeliac disease

More triggers in RAS

- Trauma (penetrating)
- Cessation of smoking as less keratinisation of mucosa
- Endocrine factors

RAS management

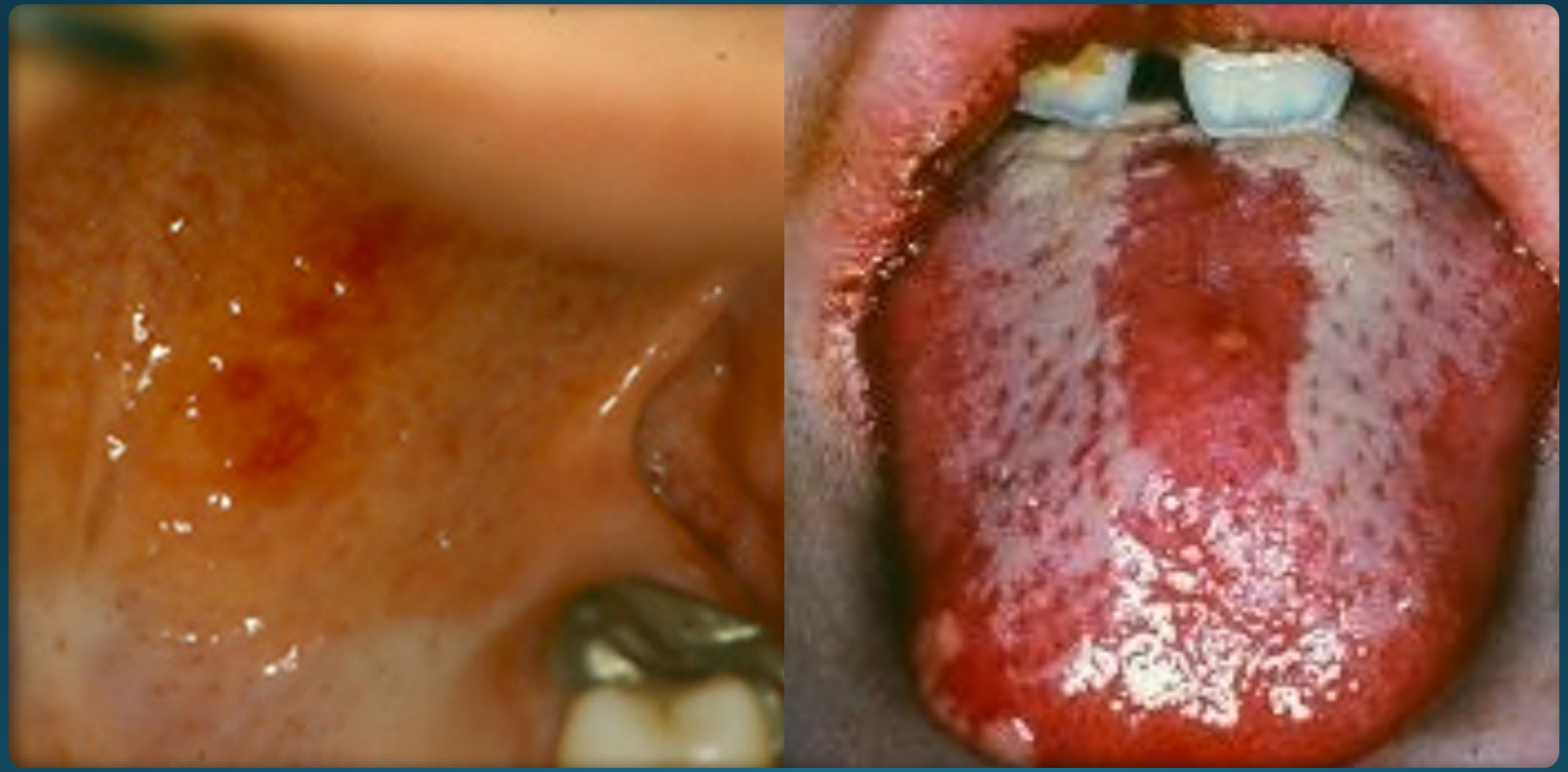
- Pain relief - Difflam, Hyaluronic Acid
- Address precipitating factors e.g. replacement therapy & investigation of underlying cause
- B vitamins
- SLS free toothpaste
- Avoidance of sharp foods

Topical steroids..

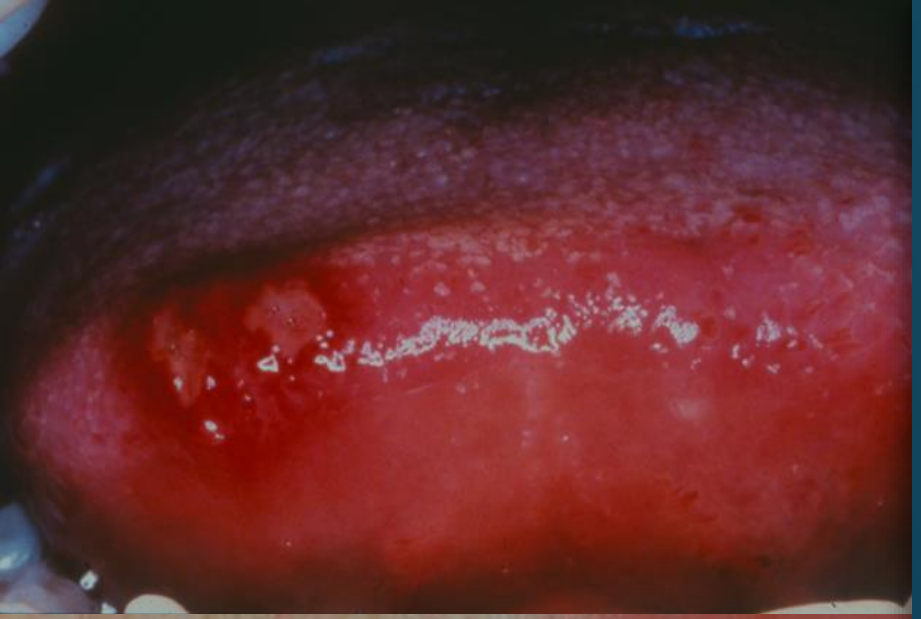
- 0.1%Triamcinalone acetanide paste (Oracort, Kenalog in Orabase) use 4 times daily on dried mucosa
- Redipred 5mg prednisolone in 1ml…suggest mouthwash diluted in 10-15mls
- Betamethasone (becotide) 50 or 100 inhaler 2 puffs 4 times daily or cream. Potent and off-license
- Flixonase syray

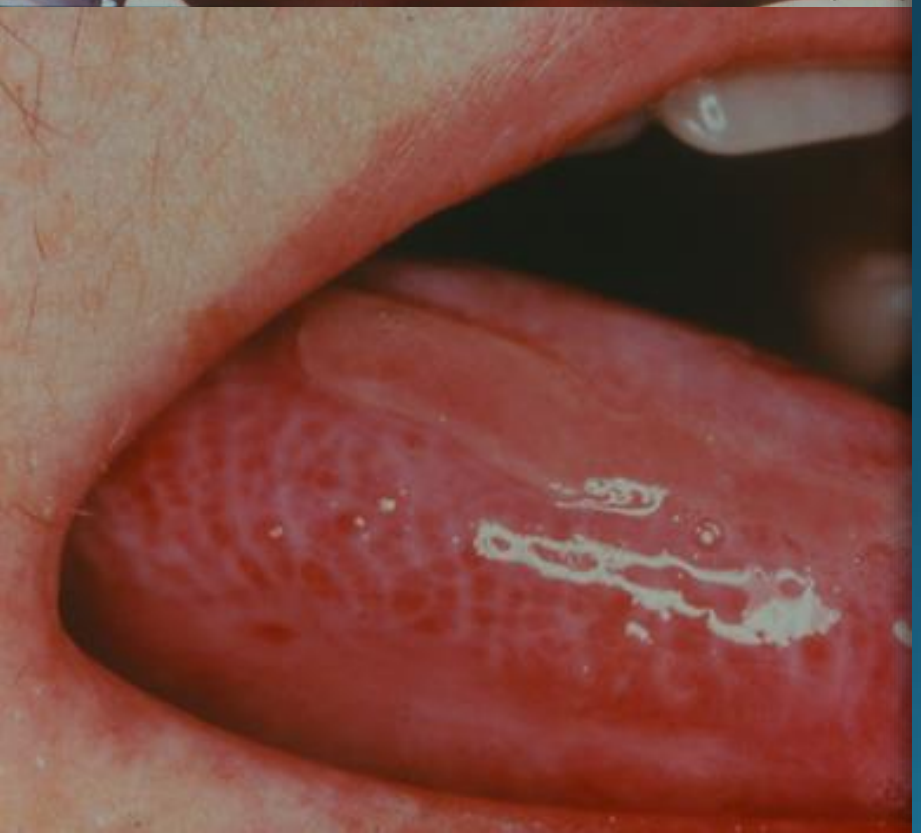
Infectious Oral Ulceration
Viral

- Tends to be all over mouth, including keratinised epithelium.
- Usually extensive ulceration
- If secondary HSV, should be history of cold sores



Bacterial Causes of Oral Ulceration





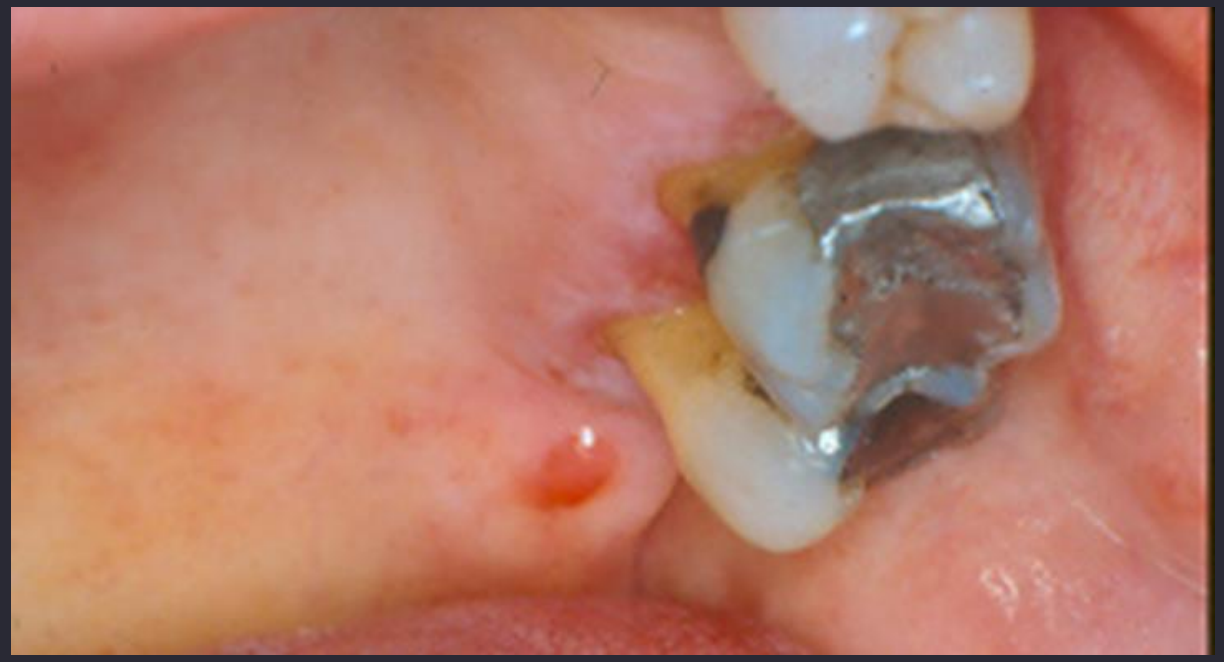
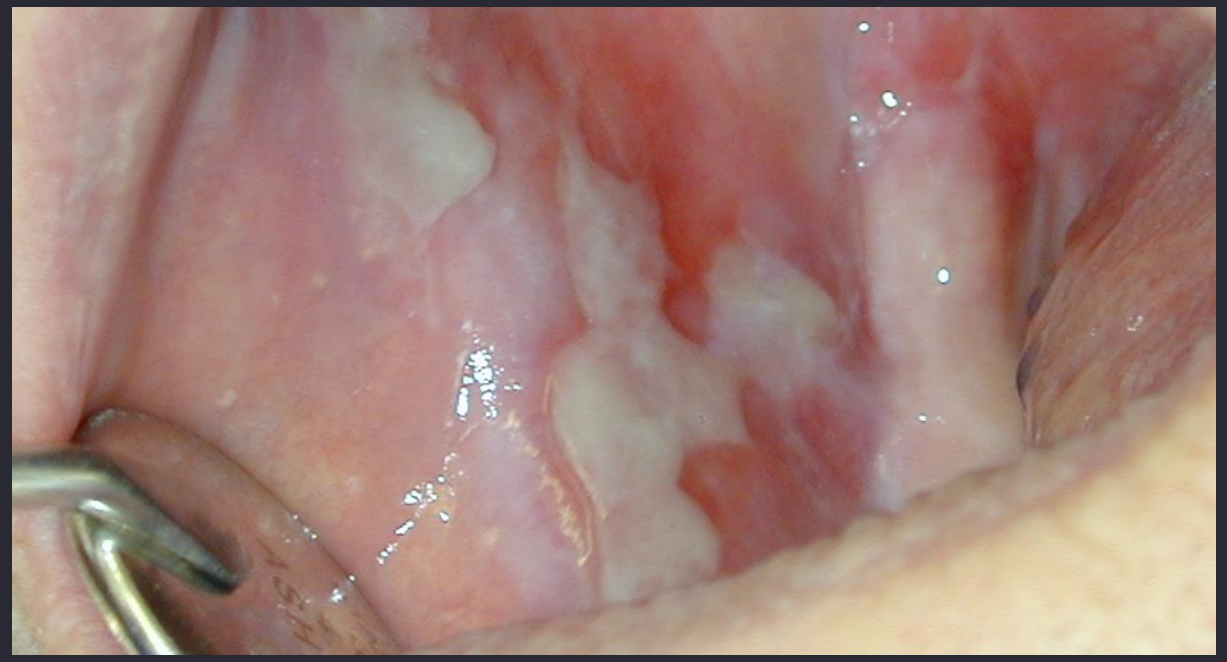
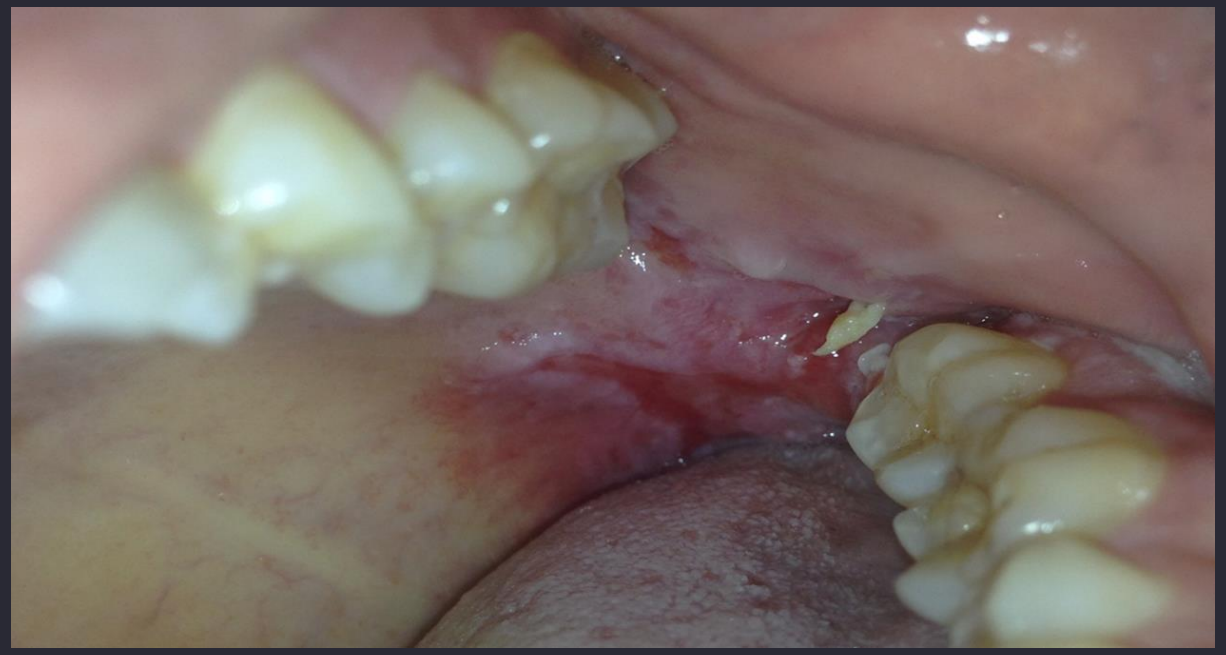
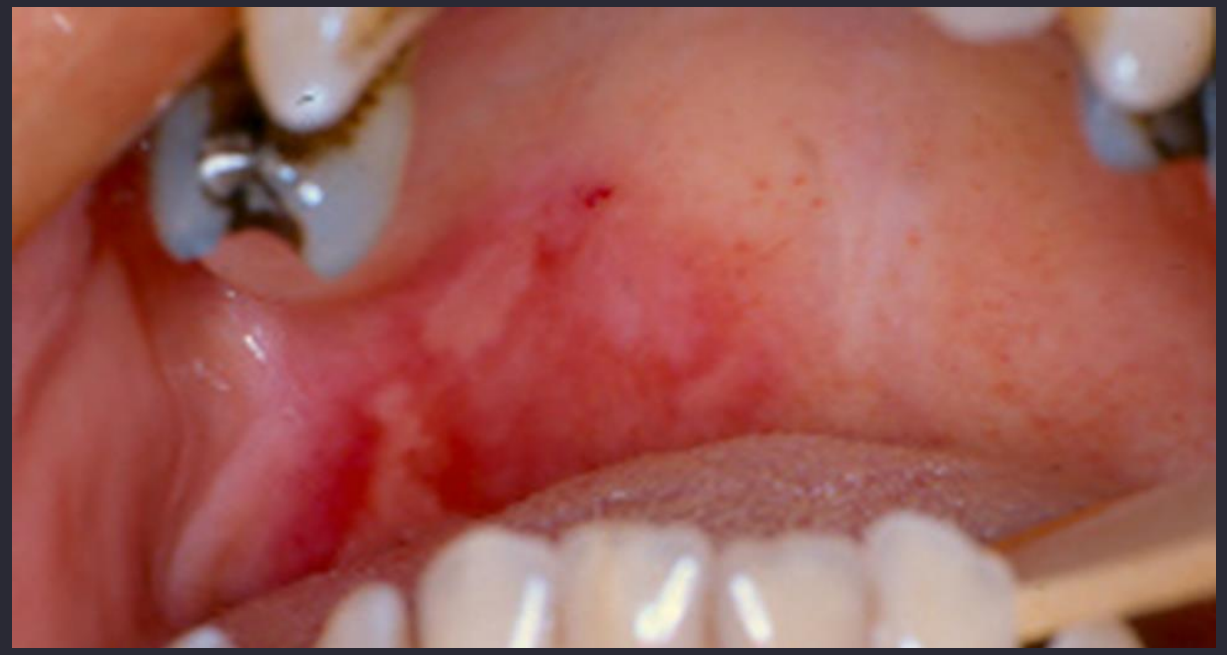
Oral Lesions (Secondary syphilis)

- About 2 months after exposure
- May be flat ulcers covered by greyish membrane (snail tract lesions)
- Or, ulcers that coalesce – very marked lymphadenopathy
- Discharge from ulcers contains spirochaetes and saliva is very infectious
- Serology positive & diagnostic. Biopsy unhelpful

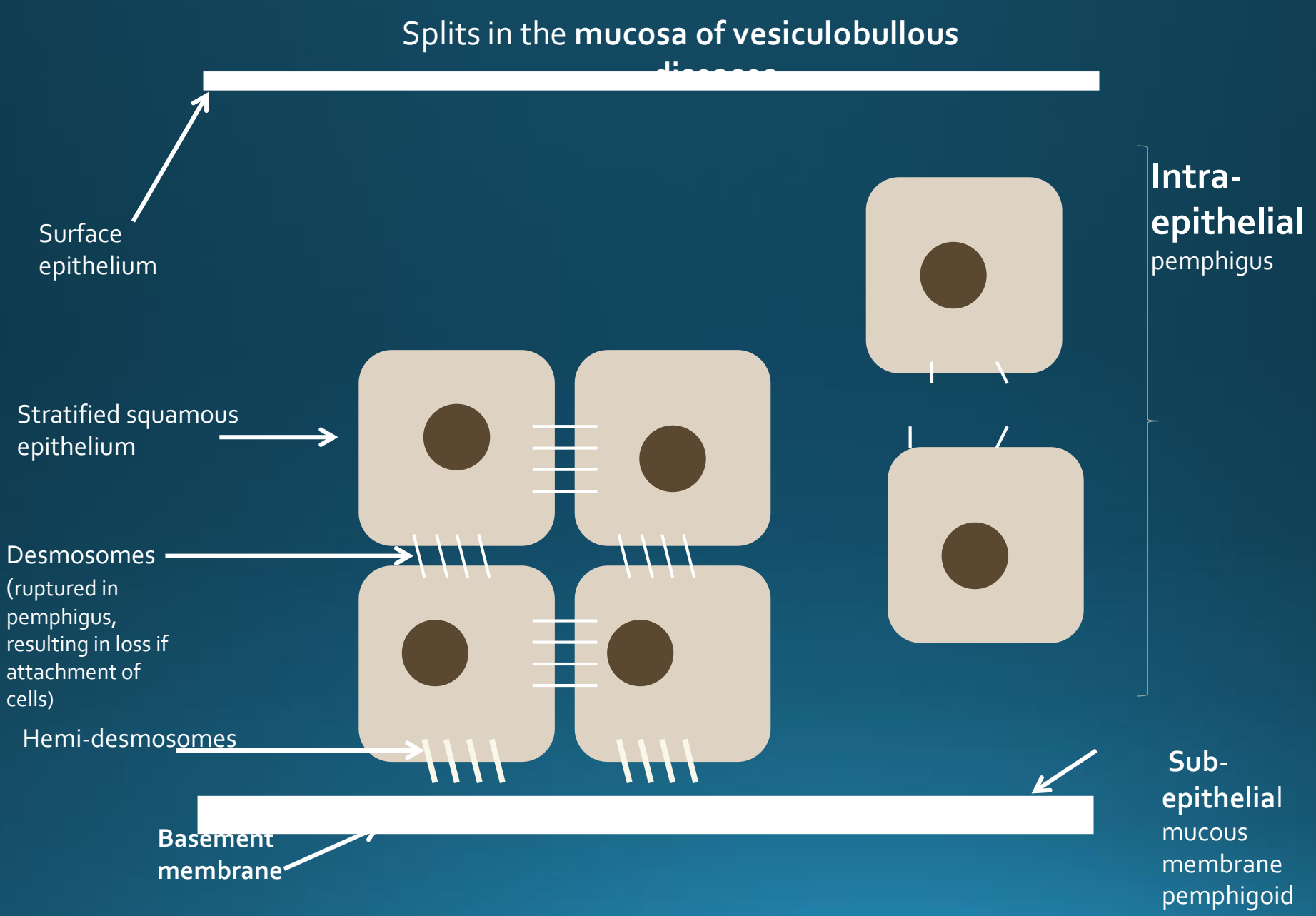
Skin / immunological causes of oral ulcers

Vesiculobullous Disorders

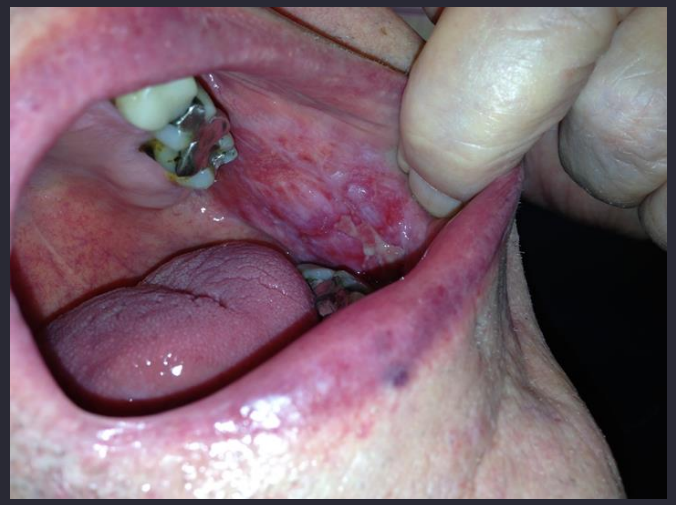
- Pemphigus – was fatal before steroid
- Pemphigoid – ocular complications

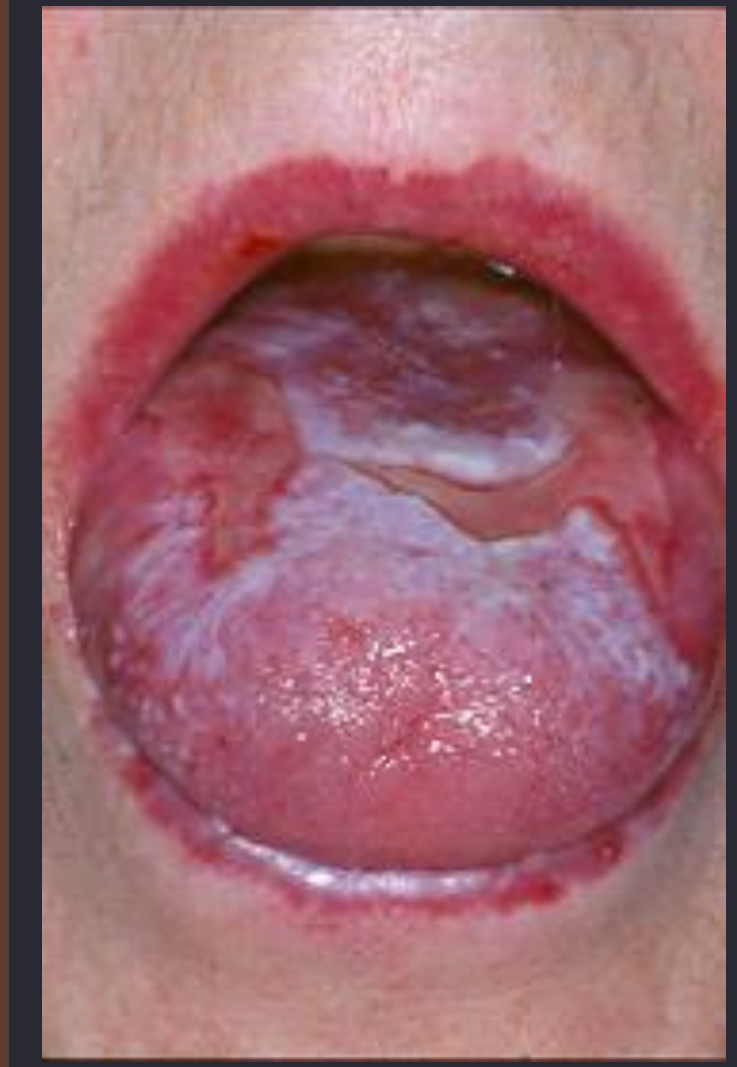





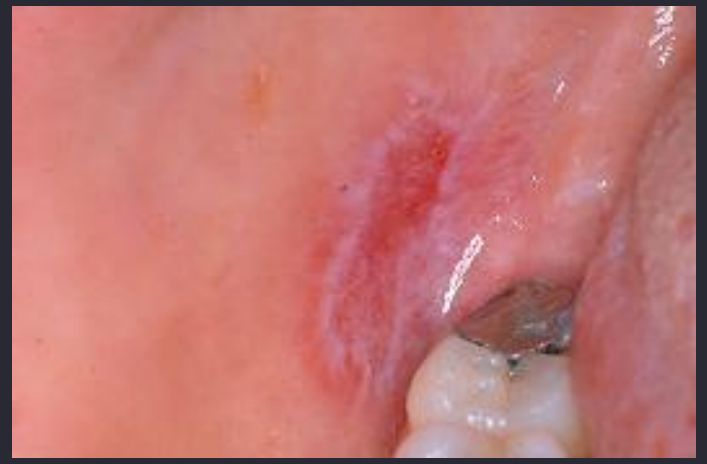
Splits in the mucosa of vesiculobullous diseases

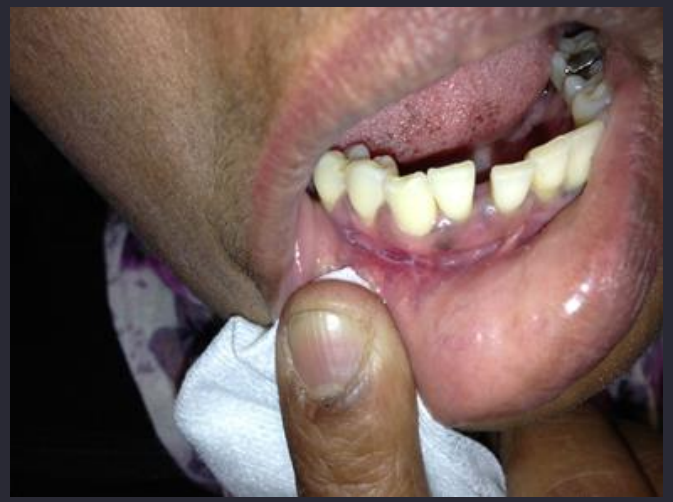


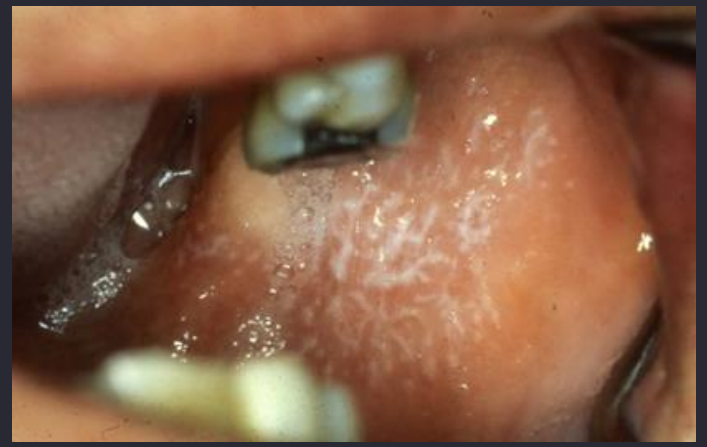
Oral Lichen Planus

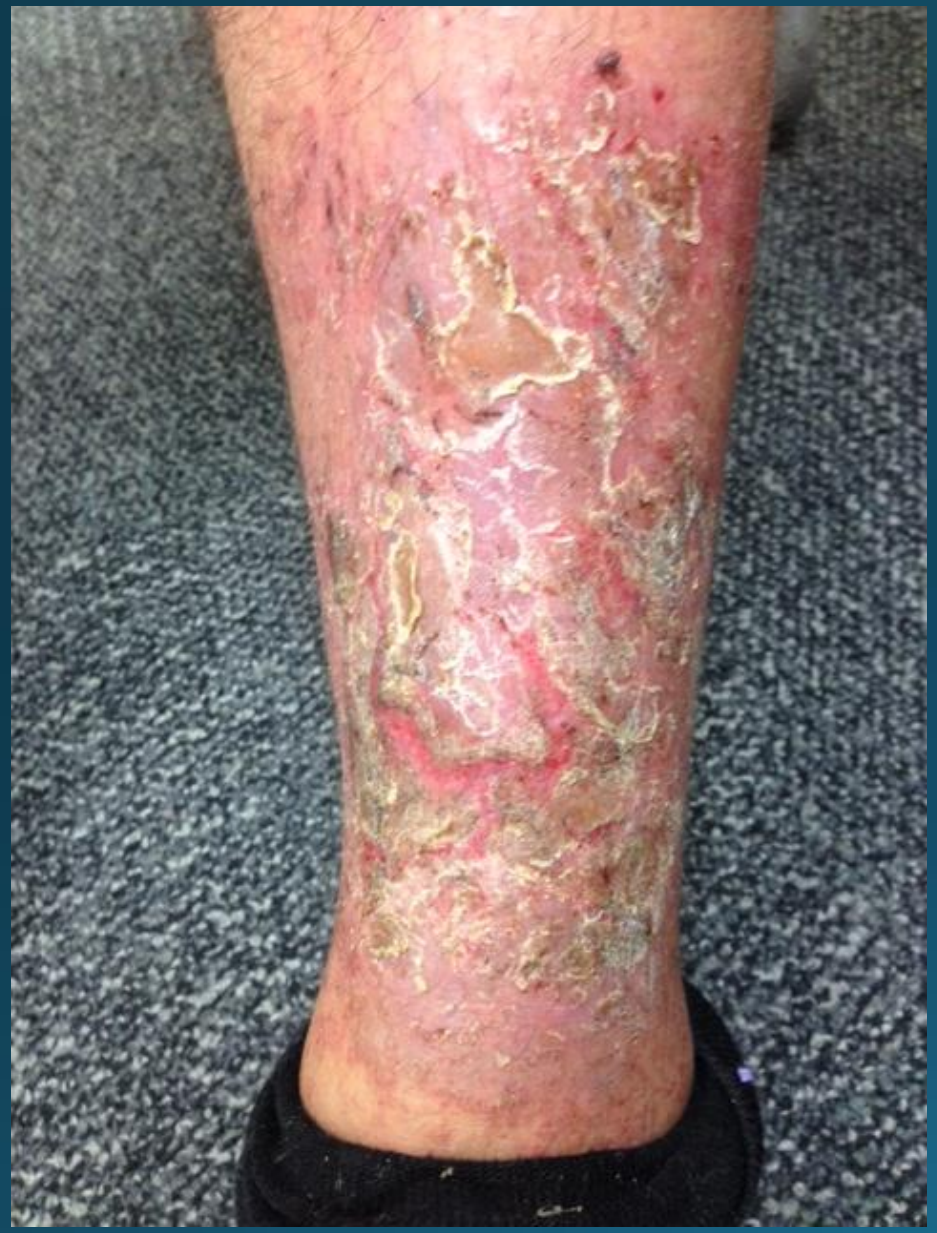


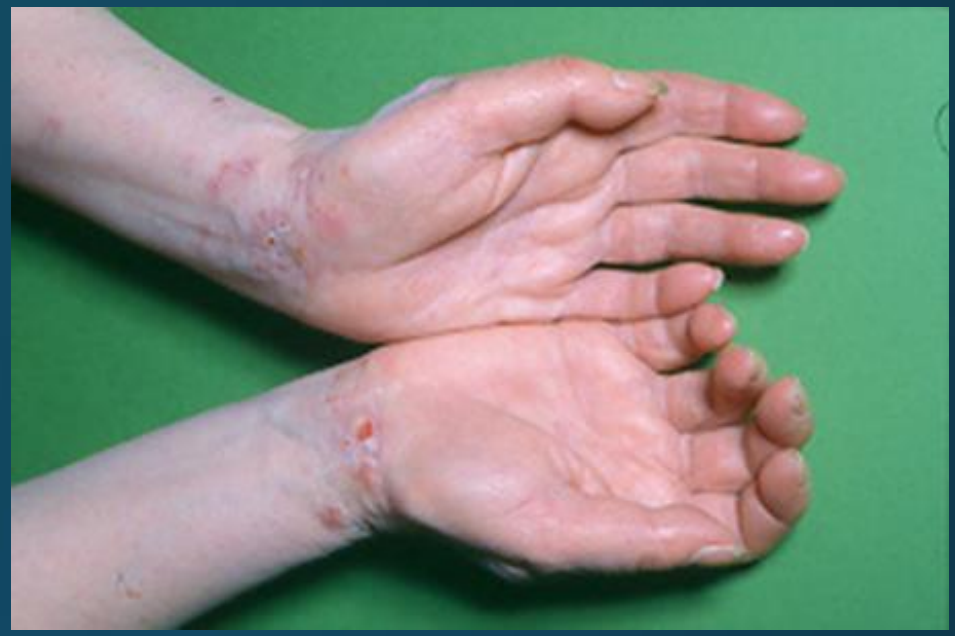


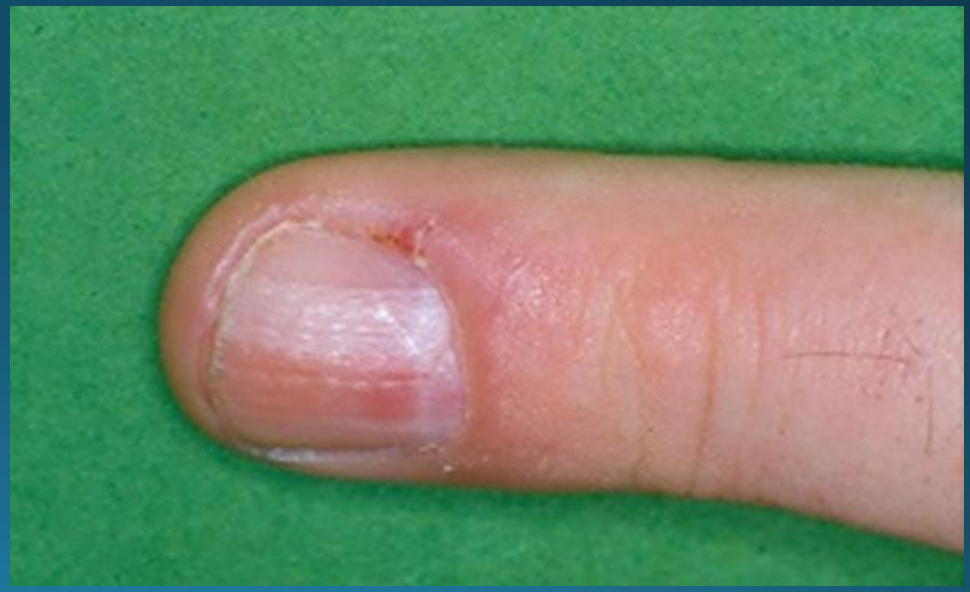






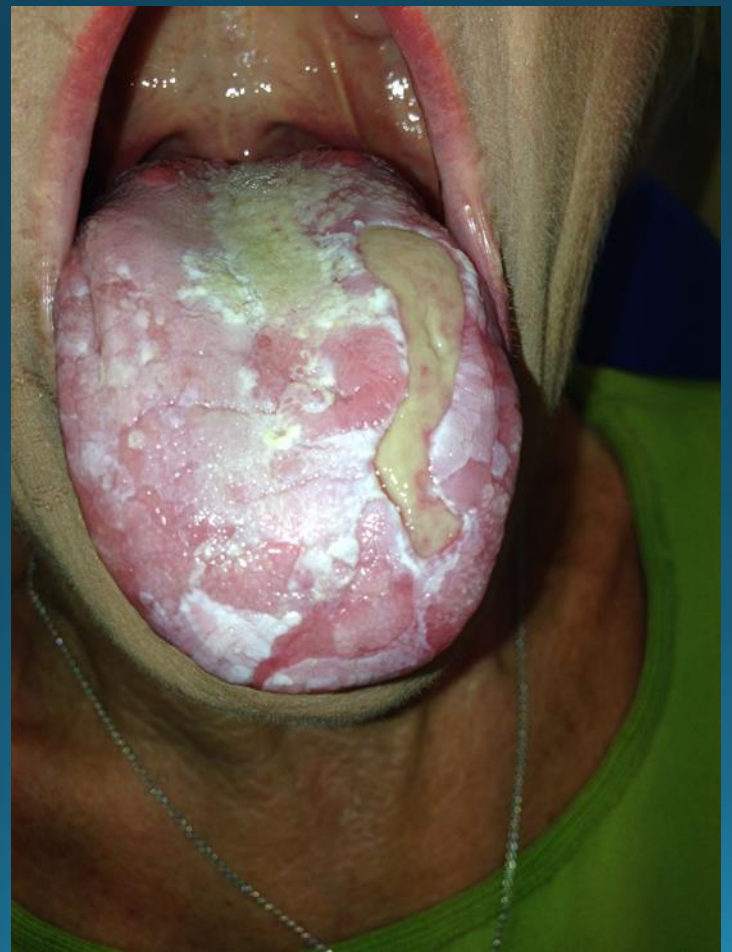




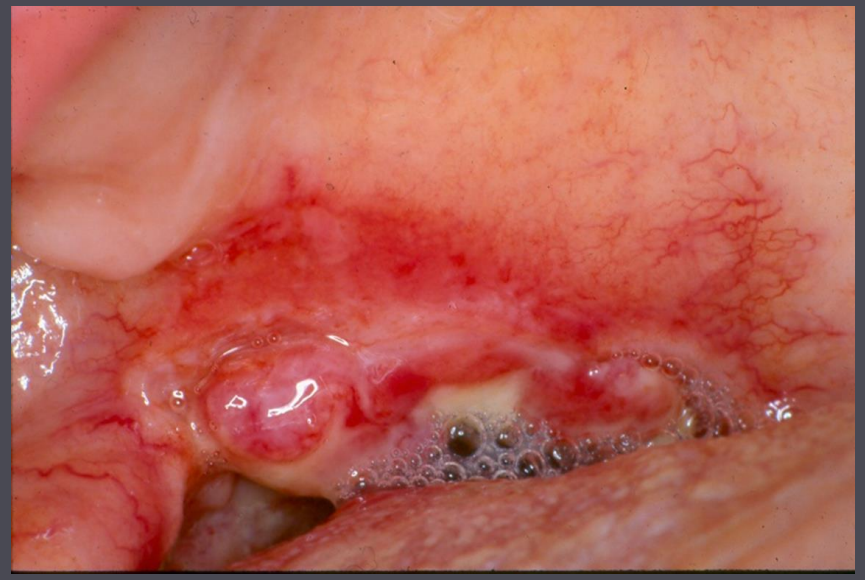


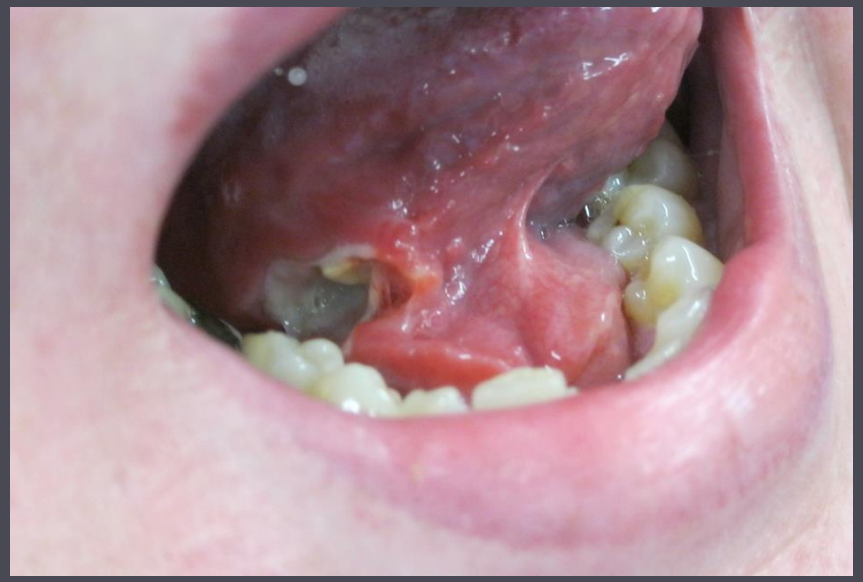
An Oral Potentially Malignant Disorder

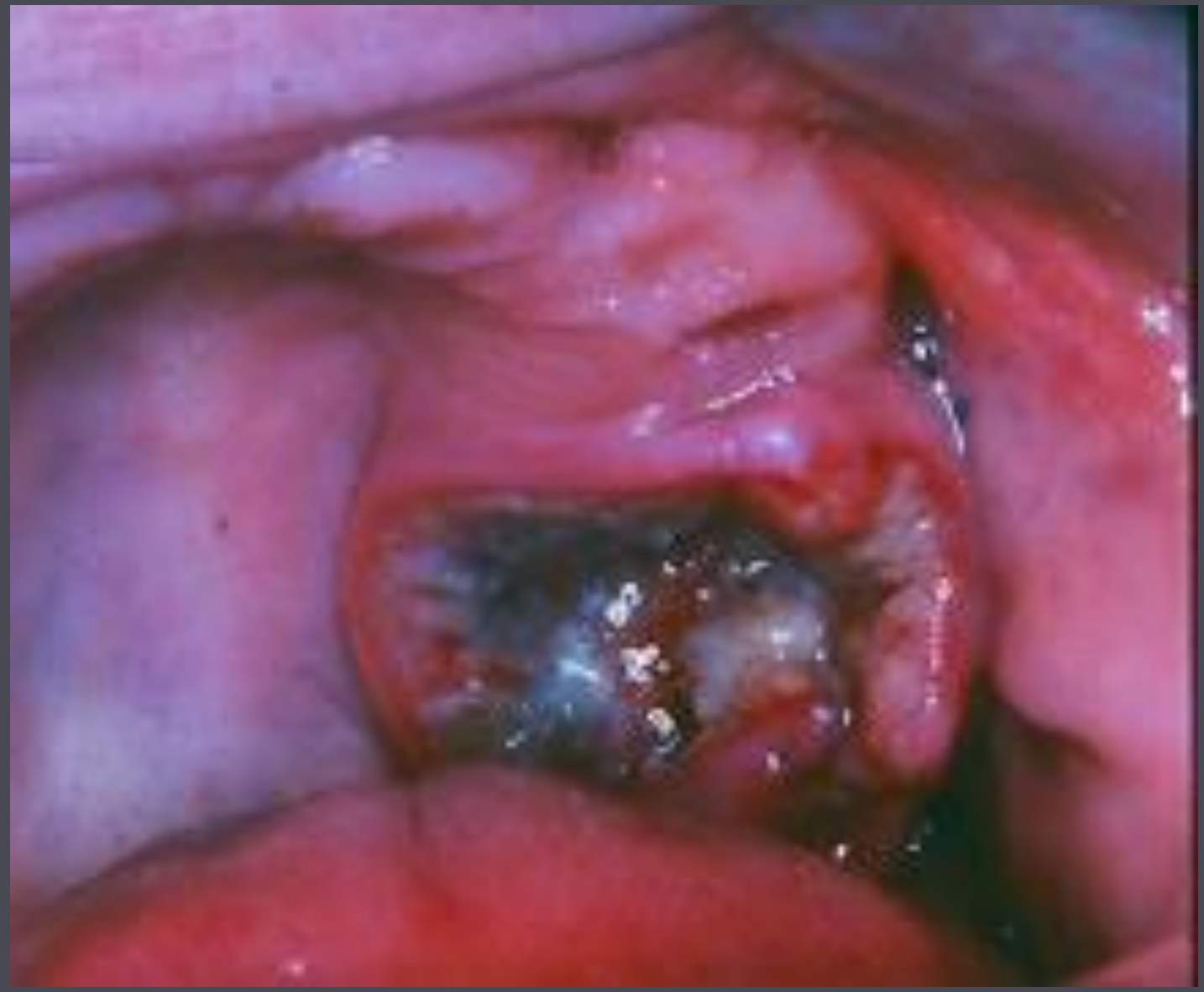
- Current evidence based on follow-up studies and retrospective studies, reporting approximately 1% over 10 years



Malignant oral ulcers







Oral Cancer

Despite advances in treatment, the 5-year survival has remained approximately 50% for the last 50 years

Late detection

Asymptomatic until later stages

Malignant oral ulcers in general practice

- Risk with smoking, alcohol and immunosuppression
- Best survival in those who attend dentist as asymptomatic lesions can be observed – check patients if are dental attenders
- Persistent ulcer as opposed to multiple or recurring in different sites

Main Causes of Mouth Ulcers

- Trauma
- Recurrent Aphthous Stomatitis
- Infectious causes
- Dermatological / Immunological (includes allergy)
- Malignancy

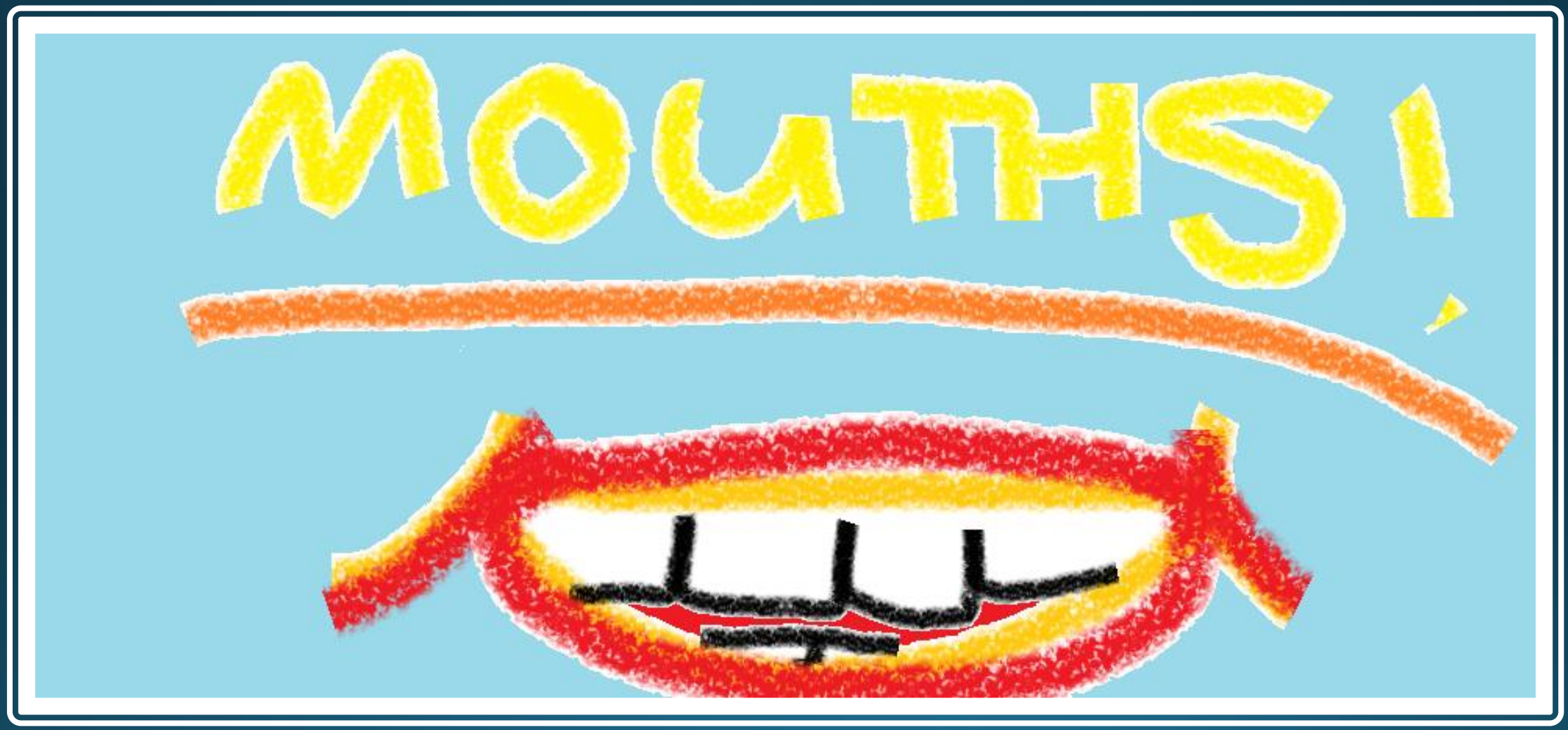
Ulcers in the mouth

History is key to diagnosis

Pain relief and reduction of inflammation

Investigation of cause

Awareness of less common, but serious causes of oral ulceration


MOUTHS!