

University of Basrah College of Dentistry, Department of Oral Diagnosis HUSSEIH SH. AL-ESSA B.D.S., M.Sc. (oral medicine) husseinalessa97@gmail.com



Ulcerative Lesions of the Oral Cavity

- Acute: Small, Recent Onset, Short Duration, Recurrent.
- ✤Trauma
- Recurrent Aphthous Stomatitis
- Behcet's Disease
- Herpes virus Infection
- ✤ Herpangina



Traumatic Ulcerations

- > Traumatic injury can occur by the following means :-
- Mechanical
- Chemical
- Thermal
- Factitious injury May Be The Manifestation Of Stress, Anxiety Or Emotional Disturbances. Common Cause Are Biting Or Chewing Of Lips, Cheeks Or Tongue And Damage (To Gingiva From Sharp Nail Bites).
- Radiation
- Eosinophilic ulcer (Traumatic granuloma)

Cheek Biting

Red sores and tissue tags from constant cheek biting

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Fig. 12.1 Traumatic ulcer due to lip biting.



. 12.5 Traumatic eosinophilic ulcer (traumatic granuloma).





□ Ill-Fitting dentures



Chemical Burns

Chemical Burn



Recurrent Aphthous Stomatitis (RAS)

Most common ulcerative lesion of oral cavity:-

- ✓ Recurrent, painful ulcers.
- \checkmark Confined to soft mucosa.

Subdivided into three types:-

- ≻ Minor aphthae
- ➢ Major aphthae
- Herpetiform aphthae

Characteristic of clinical presentations of recurrent aphthous stomatitis

1	Type of presentation		
Minor aphthae	Major aphthae	Herpetiform ulcer	
5-10	>10	<5	
10-14	>two weeks	10-14	
No	yes	No	
75-85	10-15	5-10	
	Minor aphthae 5-10 10-14 No	Minor aphthaeMajor aphthae5-10>1010-14>two weeksNoyes	

Clinical variants of Recurrent Aphthous Stomatitis









Behcet's disease

- Behcet's disease, also called Behcet's syndrome, is a rare disorder that causes chronic inflammation in blood vessels throughout your body. The exact cause of Behcet's is unknown, but it may be an autoimmune disorder.
- Symptom complex of:
- \checkmark Recurrent aphthous ulcers of the mouth
- ✓ Painful genital ulcers
- ✓ Uveitis or conjunctivitis
- ✓ Positive Pathergy test









Primary herpetic gingivostomatitis

- Viral infection caused by (HSV-I) and rarely(HSV-2).
- Red, edematous lesion with numerous coalescing vesicles, rapidly rupture.
- Acantholysis, nuclear clearing and nuclear enlargement, termed as ballooning degeneration



Secondary herpetic stomatitis

- Reactivation: of HSV-1.It is commonly precipitated by fever, trauma, cold, heat, sunlight, and emotional stress and HIV infection
- Clinically: the lesions present as multiple small vesicles arranged in clusters. The vesicles soon rupture.
- Treatment: Antiviral



Varicella zoster virus (HSV-3)

- Reactivation of varicella zoster virus. Predisposing factors for virus are AIDS, leukemia ,lymphoma and radiation.
- Oral manifestations occur when the second and third branches of the trigeminal nerve are involved.
- Post herpetic trigeminal neuralgia is a common complication.
- Treatment analgesic and sedatives to control the pain. Acyclovir, valacyclovir, and famcyclovir as antiviral drugs may be helpful.



Herpangina

- Viral infection usually caused by coxsackievirus group A, types1–6, 8,10, and 22, and less commonly by other types.
- The lesions appear on the soft palate and uvula ,tonsillar pillars, and posterior pharyngeal wall
- ✤ Treatment Supportive.



Hand-Foot and Mouth Disease

- Acute self-limiting contagious viral infection transmitted from one individual to another.
- Oral manifestations are always present, and are characterized by small vesicles (5–30 in number) that rapidly rupture, leaving painful, shallow ulcers (2–6mm in diameter) surrounded by a red halo.



Acyclovir (200-400mg)5TPD for 5 days

Mechanism of action:

- Inhibits DNA synthesis and viral replication. Indications :
- Herpes simplex mucocutaneous infection.
- Ocular keratitis.
- Encephalitis H simplex.
- Genital herpes simplex.
- Herpes zoster.
- Chicken pox.

Adverse effects:

- > Topical- stining and burning sensation, headache, nausea and malaise.
- Increase in blood level of urea and creatinine.
- Renal impairment.

Contraindications:

Hypersensitivity,glaucoma,psychiatric disease and depression.

