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Ulcerative Lesions of the Oral Cavity

Ulcerative Lesions of the Oral Cavity

- Chronic: Longer Duration, Well Circumscribed, Raised Borders, Indurated Base With Crater.
- ❖ Trauma
- ❖ Infection
- ❖ Neoplasm
- ❖ Necrotizing sialometaplasia

Ulcerative Lesions of the Oral Cavity

Infection

- HIV/AIDS patients
- Bacterial
- Deep mycotic infection
- Candida

Ulcerative Lesions of the Oral Cavity

Infection

- ❖ Bacterial
 - Usually secondary infection.
 - Primary infection: syphilis, tuberculosis, or actinomycosis.

Infection:

- Bacterial
- Syphilis



57 Ulcerated nodular lesion of primary syphilis.



58 Ulceration of secondary syphilis.



Infection:

☐ Infection:- TB



Infection:

☐ Mycosis

➤ Oral Histoplasmosis



Infection:

- ❑ Candida
- Candida albicans
- Most common
- Normal flora
- Predisposing factors
- White creamy patches
- Nystatin oral suspension



Neoplasm

❑ Squamous cell carcinoma (SCC)

➤ Most common

Irregular ulcers with raised margins.

➤ May be exophytic, infiltrative or verrucoid

➤ Mimic benign lesions grossly.



Neoplasm

□ Squamous cell carcinoma (SCC)



Necrotizing Sialometaplasia

- Inflammatory condition
- Ischemia to minor salivary glands
- Deep ulcers of the hard palate
- Resolves in 6 weeks



Ulcerative Lesions of the Oral Cavity

- Generalized: Broad Classification Encompassing A Wide Variety of Causative Agents Or Conditions.
- ❖ Contact stomatitis
- ❖ Radiation Mucositis
- ❖ Cancer chemotherapy

Ulcerative Lesions of the Oral Cavity



Ulcerative Lesions of the Oral Cavity

- Dermatologic Disorders: cutaneous and oral manifestations
- ❖ Erythema multiforme
- ❖ Lichen planus
- ❖ Benign mucous membrane Pemphigoid
- ❖ Bullous Pemphigoid
- ❖ Pemphigus vulgaris

Erythema multiforme:

- ❑ Erythema multiforme is an acute or sub acute self – limiting disease that involves the skin and mucous membranes.
- Immunologically mediated process triggered by herpes simplex or Mycoplasma pneumonia, drugs, radiation, or malignancies.
- The characteristic skin patterns are target-Iris- like lesions . Subepithelial or intraepithelial vesiculation may be seen in association with necrotic basal keratocytes.

Erythema multiforme: :



Erythema multiforme:::

- Stevens–Johnson Syndrome
Erythema multiforme major is a severe form of erythema multiforme that predominantly affects the mucous membranes.
- The ocular lesions consist of conjunctivitis, uveitis.
- genital lesions are balanitis or vulvovaginitis, and scrotal lesions .
- Treatment Systemic steroids; antibiotics .



Dermatologic Disorders

- ❑ Lichen planus
 - Chronic disease of skin and mucous membranes.
 - Destruction of basal cell layer by activated lymphocytes.
 - Reticular: fine, lacy appearance on buccal mucosa (Wickman's striae).
 - Hypertrophic: resembles leukoplakia
 - Atrophic or erosive: painful





128, 129 Bilateral and symmetrical reticular lichen planus.

130 Plaque-like lichen planus on the dorsum of the tongue.



131 Atrophic lichen planus on the dorsum of the tongue.



132 Atrophic lichen planus on the gingivae.



133 Erosive lichen planus on the buccal mucosa.

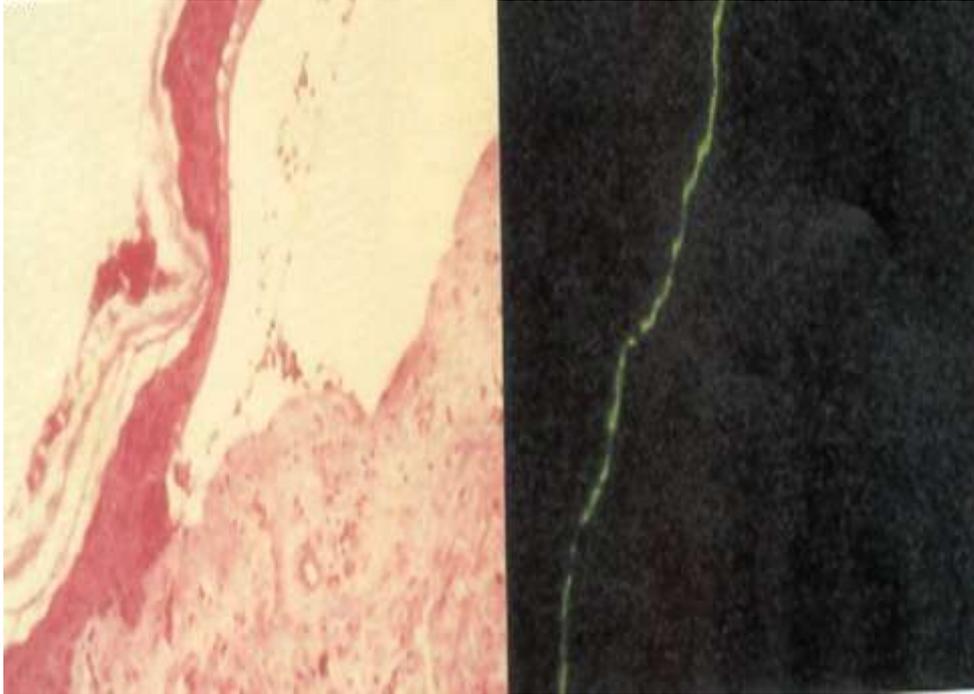


134 Erosive lichen planus on the gingivae.

Benign mucous membrane Pemphigoid

- ❑ Benign mucous membrane pemphigoid
 - Tense **subepithelial bullae** of skin and mucous membranes.
 - Rupture, large erosions, heal without scarring.
 - Sloughing (Nikolsky sign) (mucosa lifting from the underlying connective tissue on pressure).
- ❑ Bullous pemphigoid
 - Cutaneous lesions more common.
 - Both show subepithelial clefting with dissolution of the basement membrane.
 - IgG in basement membrane.

Benign mucous membrane pemphigoid



Dermatologic Disorders

- ❑ Pemphigus vulgaris
 - Severe, potentially fatal
 - Jewish and Italians
 - **Intraepithelial bullae** and acantholysis Nikolsky's sign
 - Loss of intracellular bridges
 - Autoimmune response to desmoglein 3
 - Intraepithelial clefting



Dermatologic Disorders

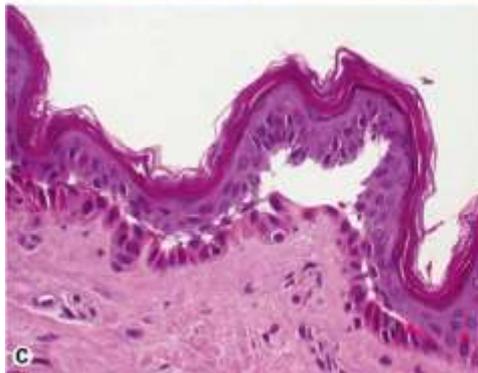
□ Pemphigus vulgaris



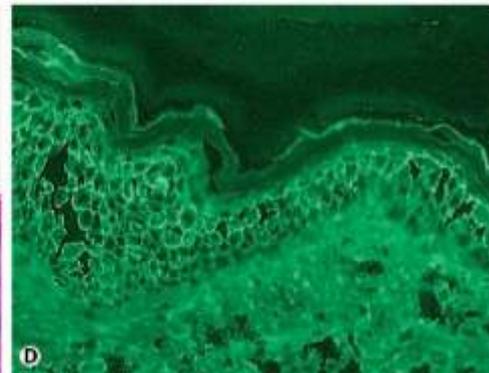
A



B



C



D

Prednisolone (5-60mg/day) in divided doses

❖ As anti-inflammatory and Immune suppressive Action:

- Increase in neutrophils concentration.
- Decrease in lymphocytes concentration.
- Inhibition of macrophage migration factor.
- Reduction of prostaglandin.
- Vasoconstriction.

❖ Indications:

- Lichan planus, Erythema multiforme, Pemphigus, Benign mucous membrane pemphigoid , Behcets disease and post herpetic neuralgia.

❖ Adverse effects:

- Adrenal suppression, weight gain ,osteoporosis ,peptic ulcer ,Diabetes mellitus ,sever mood swings .

❖ Condraindications:

- Hypersensitivity, viral infection, Diabetes mellitus, TB and peptic ulcer.



**THANK YOU FOR
LISTENING**

TO MY PRESENTATION