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Oral White Lesions Part 2

Preneoplastic

☐ Actinic cheilitis

- Is a common alteration of the lower lip caused by chronic exposure to sun light.
- The ultraviolet (UV) produces cellular damage to both the epithelium and the underlying C.T.
- Fair- skinned individuals are much more affected than black .



Actinic cheilitis

□ Clinically :

- lower lip appears thinned & atrophic with focal homogenous , milky – white patches of the atrophic lip (sometimes similar to physiologic hyperkeratosis due to habit or appliance).



Actinic cheilitis

□ Management :

- protection from sun exposure & discontinuation of habits such as smoking .
- any indication of progression to early carcinoma needs excisional biopsy



Other white lesions

□ Lichen Planus

- chronic mucocutaneous disease of unknown cause
- relatively common
- typically presents as bilateral white lesions
- occasionally with associated ulcers



FIGURE 25 Lichen planus.



FIGURE 26 Lichen planus.



Lichen Planus

□ Pathogenesis

- although cause is unknown
- generally considered to be a immunologically mediated process
- resembles hypersensitivity reaction.

□ Clinical Features

- disease of middle age
- affects men + women in nearly equal numbers
- children rarely affected



Lichen Planus

❑ Clinical Features

➤ Types:

- ✓ Reticular
- ✓ Erosive (ulcerative)
- ✓ Plaque
- ✓ Papular
- ✓ Erythematous (atrophic)



FIGURE 25 Lichen planus.



FIGURE 26 Lichen planus.



Lichen Planus

□ Reticular Form

- most common type
- numerous interlacing white keratotic lines or striae (Wickham's striae)
- produces anular or lacy pattern
- buccal mucosa is the site most commonly involved
- may also be noted on: tongue, gingiva – less common, and lips



Lichen Planus

□ Erosive Form

- ❖ Erythematous Form
- patchy distribution often in four quadrants
- patient may complain of
 - ✓ burning
 - ✓ sensitivity
 - ✓ generalized discomfort
- central area of lesion is ulcerated
- fibrinous plaque or pseudomembrane covers ulcer
- changing patterns of involvement from week to week



FIGURE 3-42 Oral lichen planus, erosive form.



FIGURE 3-43 Erosive lichen planus of the lip.



Lichen Planus

□ Treatment

- although it cannot be generally cured
- some drugs can provide satisfactory control
- corticosteroids are the single most useful group of drugs in the management of lichen planus
- Corticosteroid ability to modulate inflammation + immune response
- topical application + local injection of steroids have been used successfully in controlling but not curing this disease



Other white lesions

□ Geographic Tongue

- also known as erythema migrans, benign migratory glossitis.
- prevalent among whites + blacks
- strongly associated with fissure tongue.
- inversely associated with cigarette smoking.
- emotional stress may enhance the process.



Geographic Tongue

□ Clinical Features

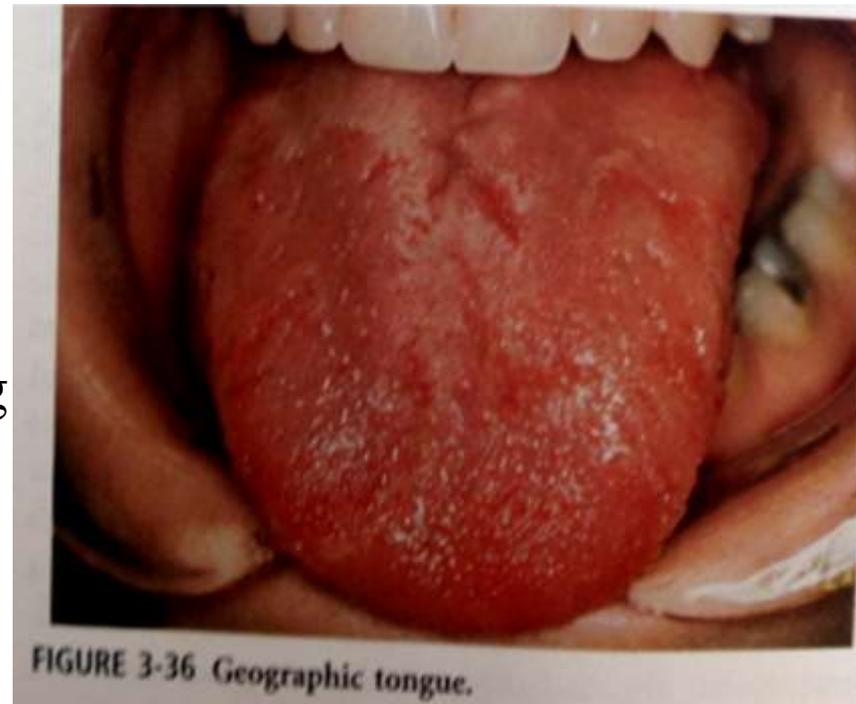
- most patients are asymptomatic ,occasionally patients complain of irritation or tenderness especially in relation to consumption of spicy foods + alcoholic beverages.
- affects women slightly more than men, children occasionally may be affected.
- characterized initially by presence of atrophic patches surrounded by elevated keratotic margins.
- desquamated areas appear red + may be slightly tender followed over a period of days or weeks, pattern changes appearing to move across dorsum of tongue .
- lesions periodically disappear, recur for no apparent reason.



Geographic Tongue

□ Treatment

- NO treatment is required because of self-limiting + usually asymptomatic nature of this condition.
- when symptoms occur, topical steroids especially ones containing antifungal agent. helpful in reducing symptoms.
- mouth clean using mouthrinse composed of sodium bicarbonate in water ,reassure patients that condition is totally benign .



Non-epithelial (white- yellow lesions)

❖ Candidiasis

Acute:

- 1. Acute pseudo-membranous candidiasis (thrush).
- 2. Acute atrophic candidiasis (antibiotic sore-mouth).

Chronic:

- 1. Chronic atrophic candidiasis which include:-
 - Denture stomatitis (denture sore-mouth).
 - Angular cheilitis.
 - Median rhomboid glossitis.
- 2. Chronic hyperplastic candidiasis (candidal leukoplakia)



Candidiasis

- common opportunistic oral mycotic infection develops in the presence of one of several predisposing factors:-
 - ✓ immunodeficiency
 - ✓ endocrine disturbances
 - ✓ hypoparathyroidism
 - ✓ diabetes mellitus
 - ✓ poor oral hygiene
 - ✓ xerostomia
- caused by Candida albicans, infection with this organism is usually superficial, affecting the outer aspects of involved oral mucosa or skin.
- in severely debilitated + immunocompromised patients such as patients with AIDS infection may extend into alimentary tract (candidal esophagitis), bronchopulmonary tract and other organ system.



Candidiasis

□ Clinical Features

- most common form is acute pseudomembranous also known, as thrush
- young infants + elderly are commonly affected
- oral lesion of acute candidiasis (thrush) ,white soft plaques that sometime grow centrifugally + merge wiping plaques with gauze sponge leaves a painful,eroded, erythematous or ulcerated surface.



FIGURE 27 Candidiasis.



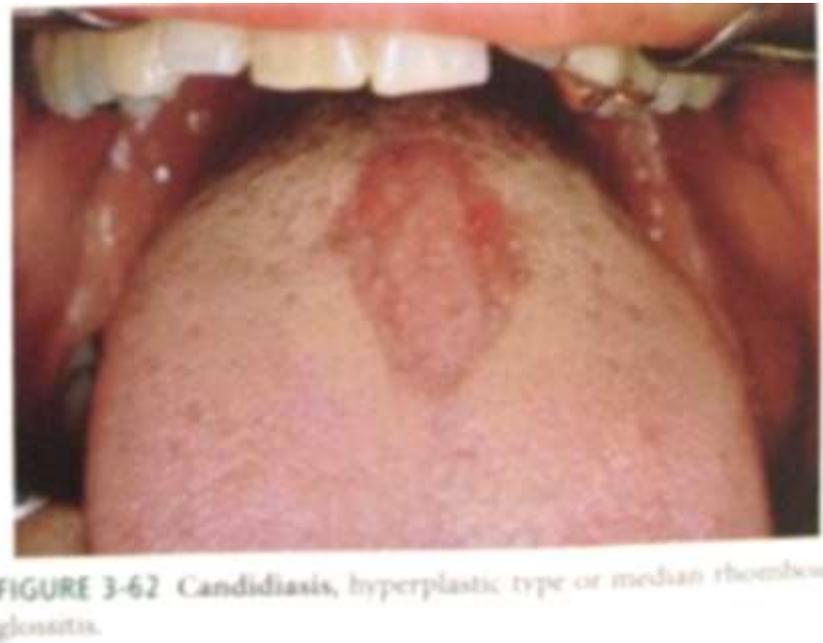
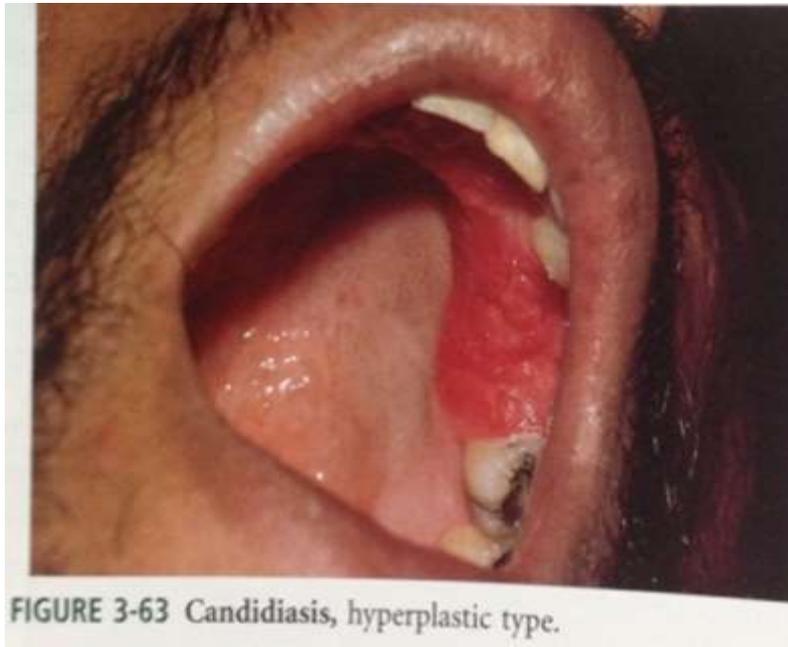
Candidiasis

❑ Hyperplastic Candidiasis

- may involve dorsum of tongue pattern referred to as median rhomboid glossitis
- usually asymptomatic usually discovered on routine oral examination
- found anterior to circumvallate papillae oval or rhomboid outline
- may have smooth, nodular or fissured surface range in color from white to more red



Hyperplastic Candidiasis



Angular cheilitis



Candidiasis

□ Treatment

- majority of infections may be simply treated with topical applications of nystatin suspension, nystatin cream or ointment often effective when applied directly to denture-bearing surface itself.
- topical applications of either nystatin or clotrimazole should be continued for at least 1 week beyond disappearance of clinical manifestations of disease.



Hyperplastic Candidiasis

- ❑ Treatment of Hyperplastic Candidiasis
 - topical + systemic antifungal agents may not be effective at completely removing lesions.
 - surgical management may be necessary.



FIGURE 3-63 Candidiasis, hyperplastic type.



FIGURE 3-62 Candidiasis, hyperplastic type or median rhomboid glossitis.

Thank
you

