



# ULCERATIVE LESIONS OF THE ORAL CAVITY

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# ORAL CAVITY

- ★ LIPS
- ★ TEETH
- ★ GINGIVA
- ★ ORAL MUCOUS MEMBRANES
- ★ PALATE
- ★ TONGUE
- ★ ORAL LYMPHOID TISSUES



Acute: small, recent onset, short duration, recurrent

- ✦ Trauma
- ✦ Recurrent Aphthous Stomatitis
- ✦ Behcet's
- ✦ Herpesvirus Infection
- ✦ Herpangina

# Trauma:

## ☀ Cheek Biting



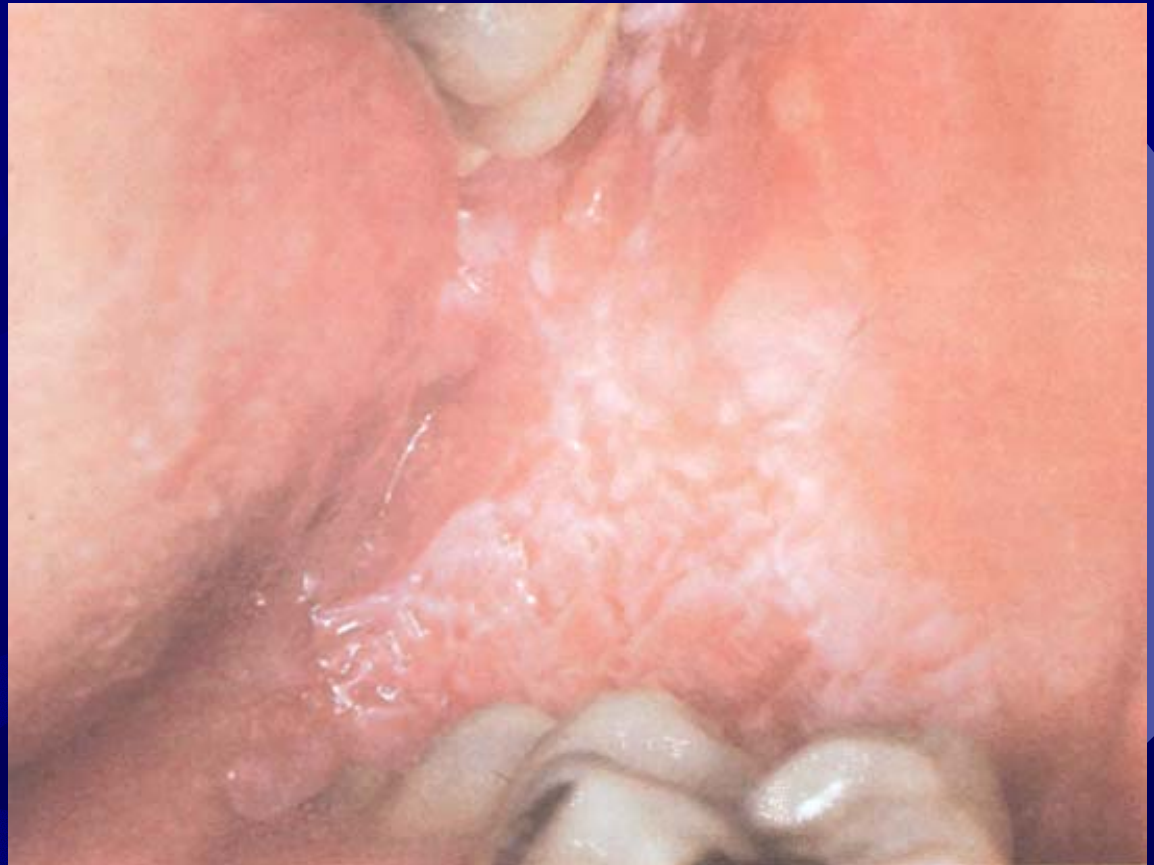
# Trauma:

- ✦ Ill-Fitting dentures



# Trauma:

## ☀ Chemical Burns



# Trauma:

- ✦ Abrasions from Teeth



# Recurrent Aphthous Stomatitis(RAS)

- ★ Most common ulcerative lesion of oral cavity
- ★ Recurrent, painful ulcers
- ★ Confined to soft mucosa
- ★ Subdivided into three types:
  - ★ Minor aphthae
  - ★ Major aphthae
  - ★ Herpetiform aphthae

# Recurrent Aphthous Stomatitis(RAS)

## ☀ Minor aphthae:

- Less than 1 cm
- Heal completely in 7-10 days without scarring
- Painful
- Prodromal stage
- Shallow and round to oval
- Gray to yellow membrane
- Clusters of up to 5 ulcers
- Steroids

# Recurrent Aphthous Stomatitis (RAS)

## ✦ Minor apthae



# Recurrent Aphthous Stomatitis (RAS)

## ★ Major Aphthae

- ★ Uncommon
- ★ Irregular, deep ulcers
- ★ 1-3 cm in size
- ★ Raised borders
- ★ Heal in 4-6 weeks
- ★ Extensive scarring and distortion
- ★ BIOPSY!!
- ★ Steroids

# Recurrent Aphthous Stomatitis (RAS)

- ★ Major apthae



# Recurrent Aphthous Stomatitis (RAS)

## ☀ Herpetiform Aphthae

- ☀ Uncommon
- ☀ Crops of up to 150 very small (<3mm) ulcers
- ☀ Heal completely in 7-10 days
- ☀ **COMPLETELY UNRELATED TO HERPESVIRUS**

# Recurrent Aphthous Stomatitis (RAS)

- ✦ Herpetiform aphthae



# Behcet's

- ☀ Symptom complex of:
  - ☀ Recurrent aphthous ulcers of the mouth
  - ☀ Painful genital ulcers
  - ☀ Uveitis or conjunctivitis

# Behcet's

- ✦ Affects persons of Mediterranean, Middle Eastern, or Japanese decent
- ✦ Easily confused with Stevens-Johnson syndrome or Reiter's disease
- ✦ Need referral for systemic treatment

# Behcet's



# Herpesvirus Infection

- ✦ HSV-1 and/or HSV-2
  - ✦ Primary Infection
  - ✦ Secondary Infection
- ✦ Varicella zoster virus (HHV-3)

# Herpesvirus Infection

## ☀ Primary Infection

- ☀ Herpetic gingivostomatitis
- ☀ Younger patients
- ☀ Often asymptomatic
- ☀ May be associated with fever, chills, malaise
- ☀ Vesicles-ulcers-crusting
- ☀ Anywhere in the oral cavity

# Herpesvirus Infection

## ✦ Primary Infection



# Herpesvirus Infection

## ✦ Primary Infection



# Herpesvirus Infection

## ☀ Secondary Infection

- ☀ Reactivation of latent virus
- ☀ Not associated with systemic symptoms
- ☀ Small vesicles
- ☀ Occur only on the hard palate and gingiva
- ☀ Prodromal signs

# Herpesvirus Infection

- ✦ Secondary infection



# Herpesvirus Infection

- ☀️ Varicella zoster virus (HHV-3)
  - ☀️ Latent infection
  - ☀️ Oral ulcers
  - ☀️ Dermatomal distribution

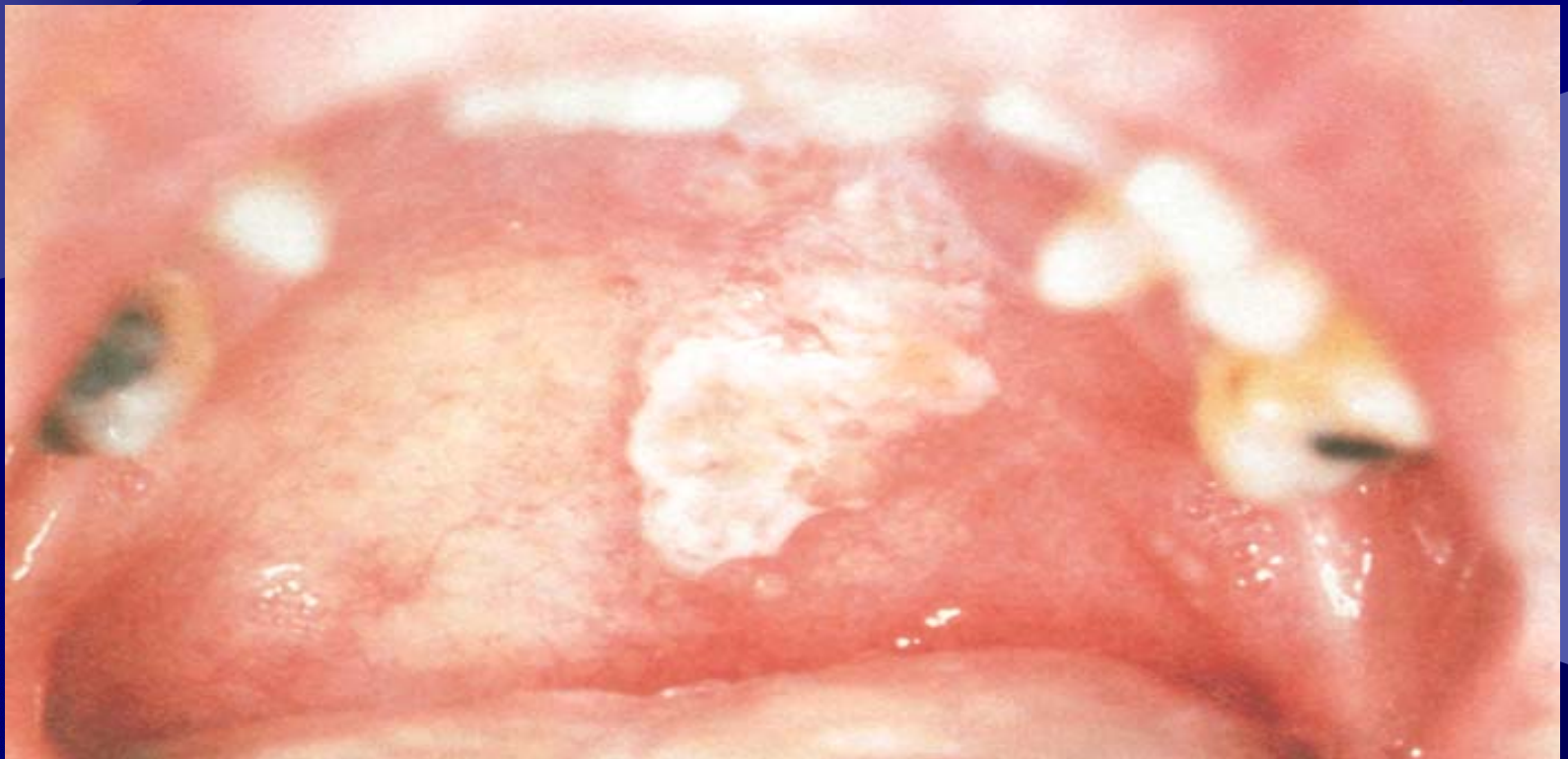
# Herpesvirus Infection

☀️ Varicella zoster virus



# Herpesvirus Infection

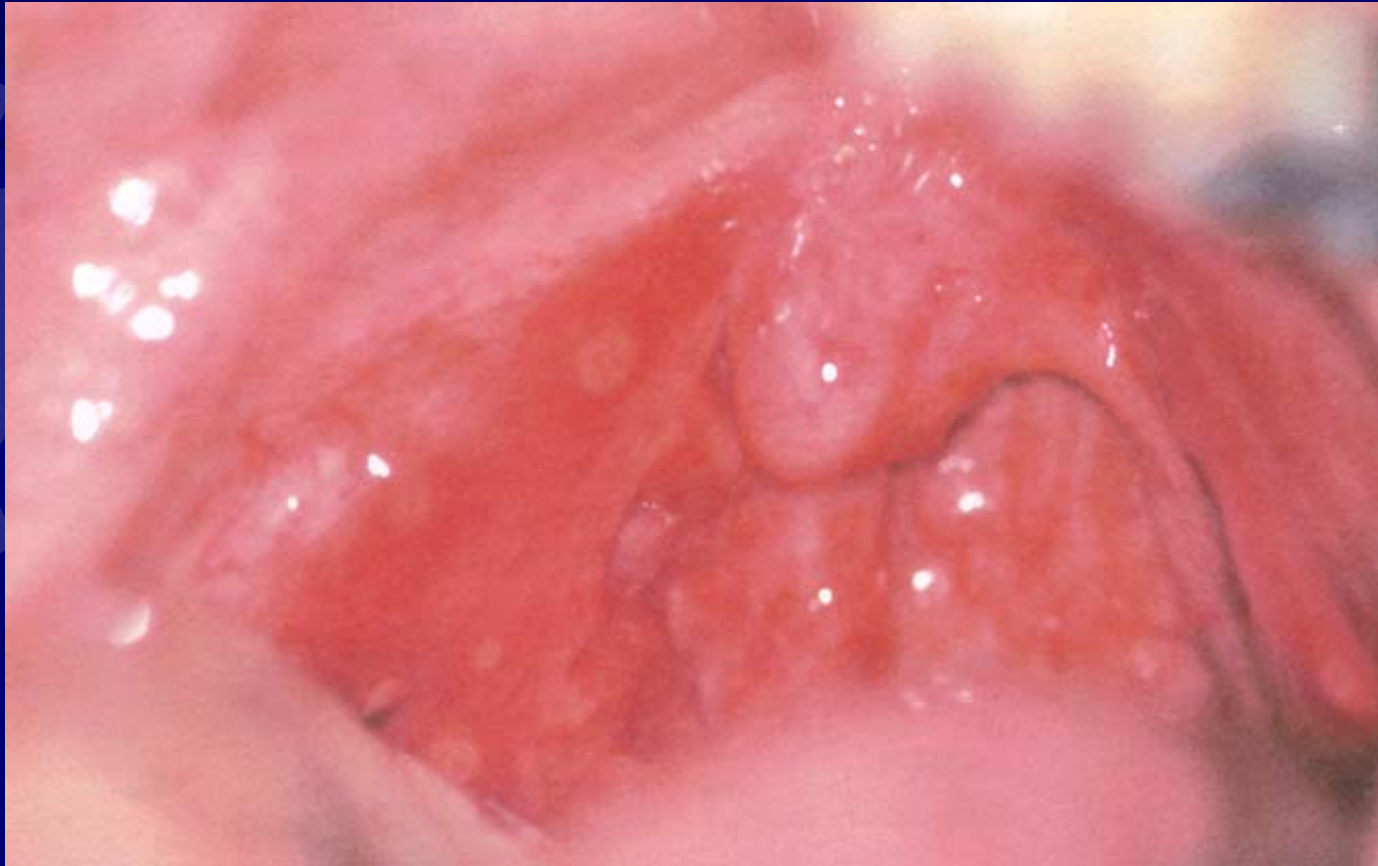
✦ Varicella zoster virus

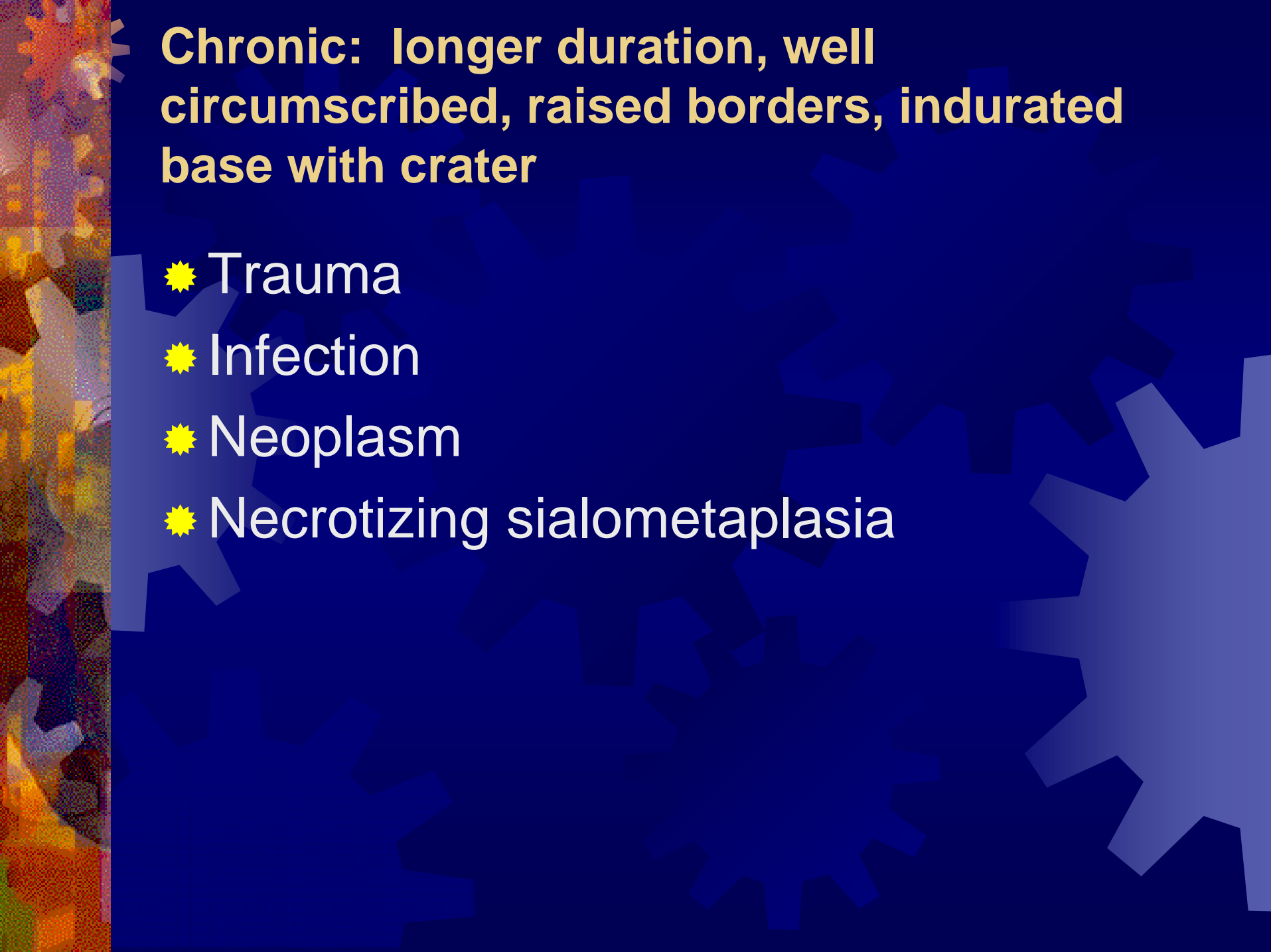


# Herpangina

- ✱ NOT caused by Herpesvirus
- ✱ Coxsackie A virus
- ✱ Children < 10 years of age
- ✱ Common in summer and fall
- ✱ Often subclinical presentation
- ✱ Headache/Abdominal pain 48hrs prior to papulovesicular lesions on tonsils and uvula.
- ✱ Sore throat

# Herpangina





**Chronic: longer duration, well circumscribed, raised borders, indurated base with crater**

✦ Trauma

✦ Infection

✦ Neoplasm

✦ Necrotizing sialometaplasia

# Trauma:

- ✦ Ill-Fitting dentures



# Infection

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

# Infection

## ★ Bacterial

- ★ Usually secondary infection
- ★ Primary infection: syphilis, tuberculosis, or actinomycosis

# Infection

## ✦ Bacterial-Syphilis



# Infection

## ☀ Bacterial-Syphilis





# Infection

## ☀ Mycotic

- ☀ Blastomycosis
- ☀ Histoplasmosis

# Infection

## ☀ Histoplasmosis



# Infection

## ★ Candida

- ★ *Candida albicans*
- ★ Most common
- ★ Normal flora
- ★ Predisposing factors
- ★ White creamy patches
- ★ KOH prep
- ★ Nystatin oral suspension

# Infection

## ☀ Candida



# 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



# Neoplasm

- ✦ Squamous cell carcinoma



# Neoplasm

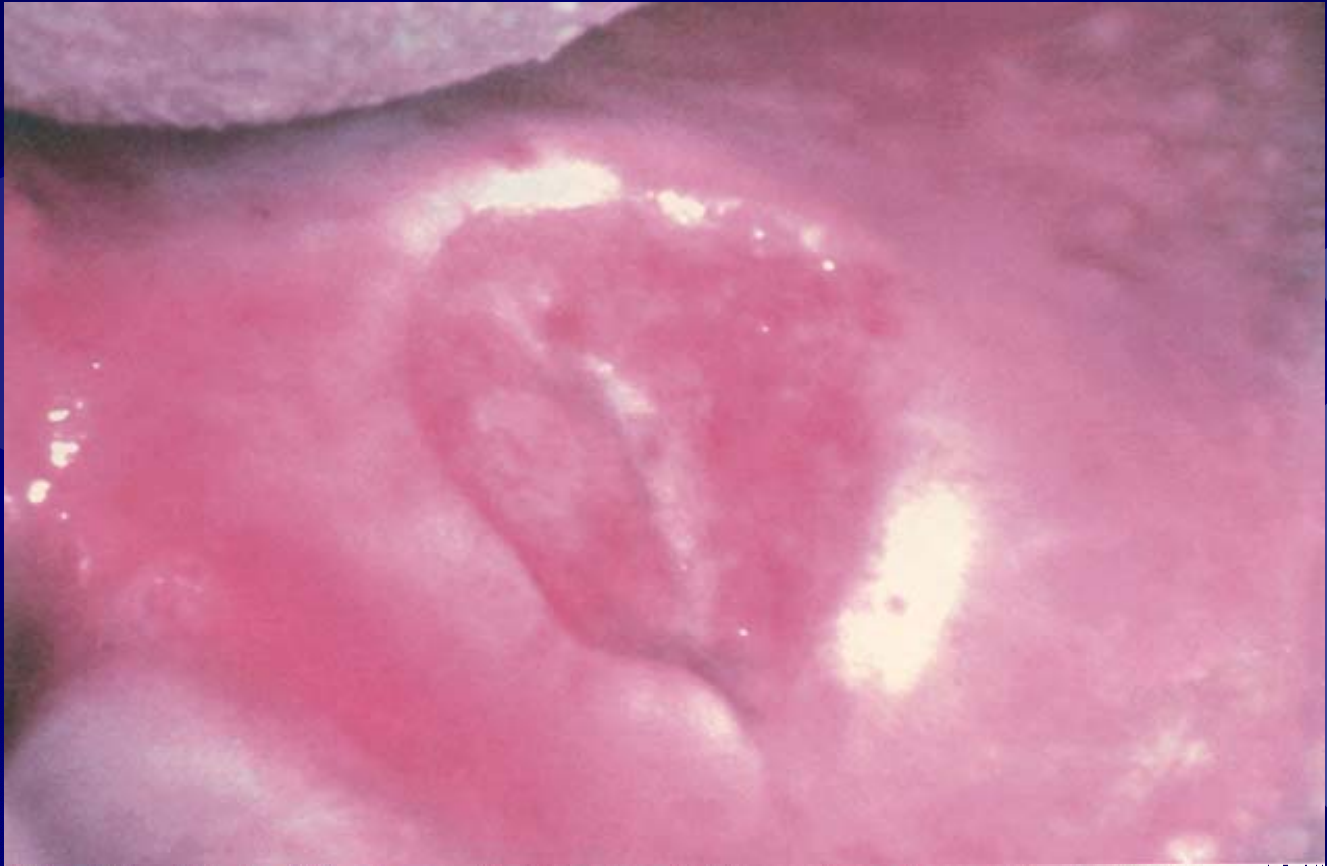
- ★ Squamous cell carcinoma



# Necrotizing Sialometaplasia

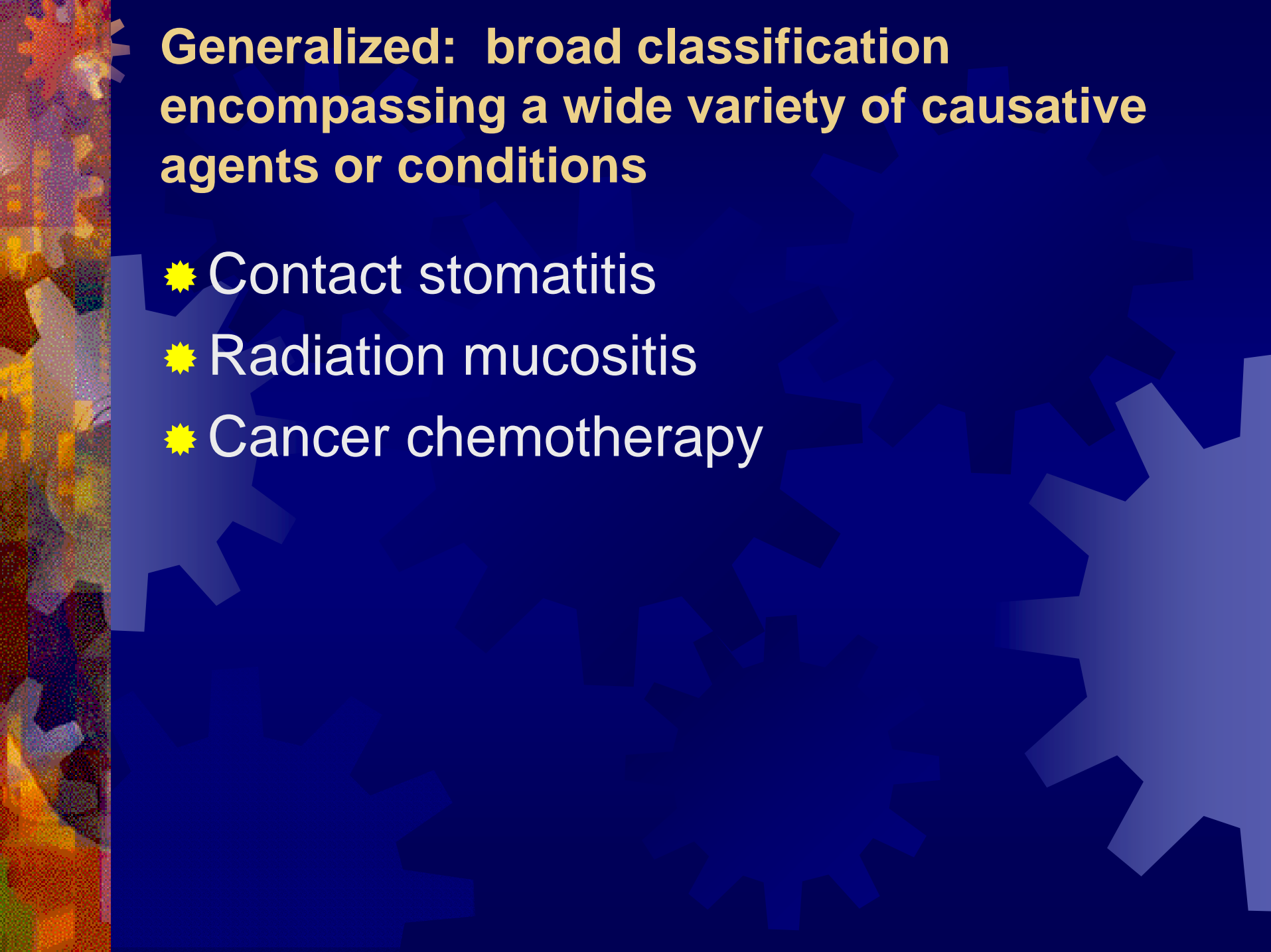
- ✱ Inflammatory condition
- ✱ Ischemia to minor salivary glands
- ✱ Deep ulcers of the hard palate
- ✱ Resolves in 6 weeks

# Sialometaplasia



# Sialometaplasia





**Generalized: broad classification encompassing a wide variety of causative agents or conditions**

- ✦ Contact stomatitis
- ✦ Radiation mucositis
- ✦ Cancer chemotherapy

# Dermatologic Disorders: cutaneous and oral manifestations

- ✦ Erythema multiforme
- ✦ Lichen planus
- ✦ Benign mucous membrane pemphigoid
- ✦ Bullous pemphigoid
- ✦ Pemphigus vulgaris

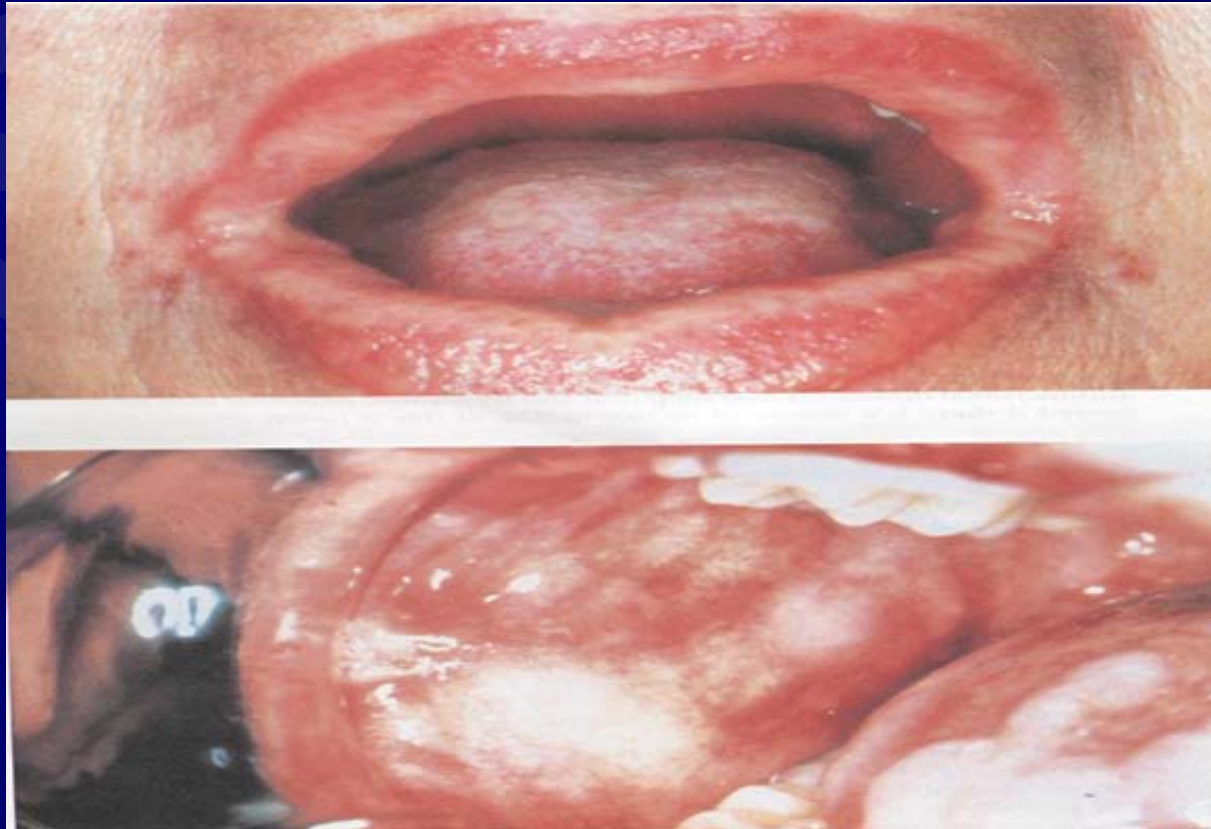
# Dermatologic Disorders

## ☀ Erythema multiforme

- ☀ Rapidly progressive
- ☀ Antigen-antibody complex deposition in vessels of the dermis
- ☀ Target lesions of the skin
- ☀ Diffuse ulceration, crusting of lips, tongue, buccal mucosa
- ☀ Self-limited, heal without scarring

# Dermatologic Disorders

## ✦ Erythema multiforme



# 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

# Dermatologic Disorders

## ☀ Lichen planus



# Dermatologic Disorders

## ✦ Lichen planus



# Dermatologic Disorders

## ✦ Lichen planus



# Dermatologic Disorders

- ★ Benign mucous membrane pemphigoid
  - Tense subepithelial bullae of skin and mucous membranes
  - Rupture, large erosions, heal without scarring
  - Sloughing (Nikolsky sign)
- ★ Bullous pemphigoid
  - Cutaneous lesions more common
- ★ Both show subepithelial clefting with dissolution of the basement membrane
  - IgG in basement membrane

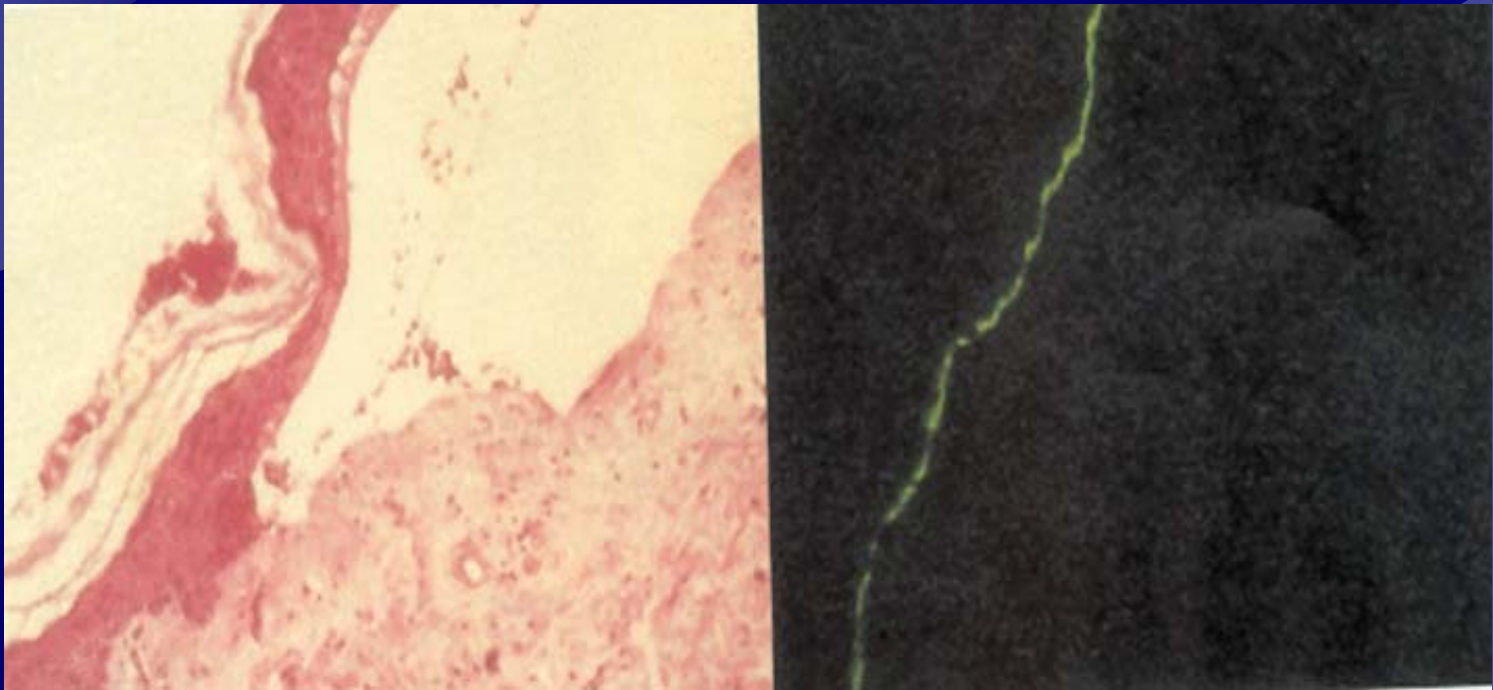
# Dermatologic Disorders

- ✦ Benign mucous membrane pemphigoid



# Dermatologic Disorders

- ✦ 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

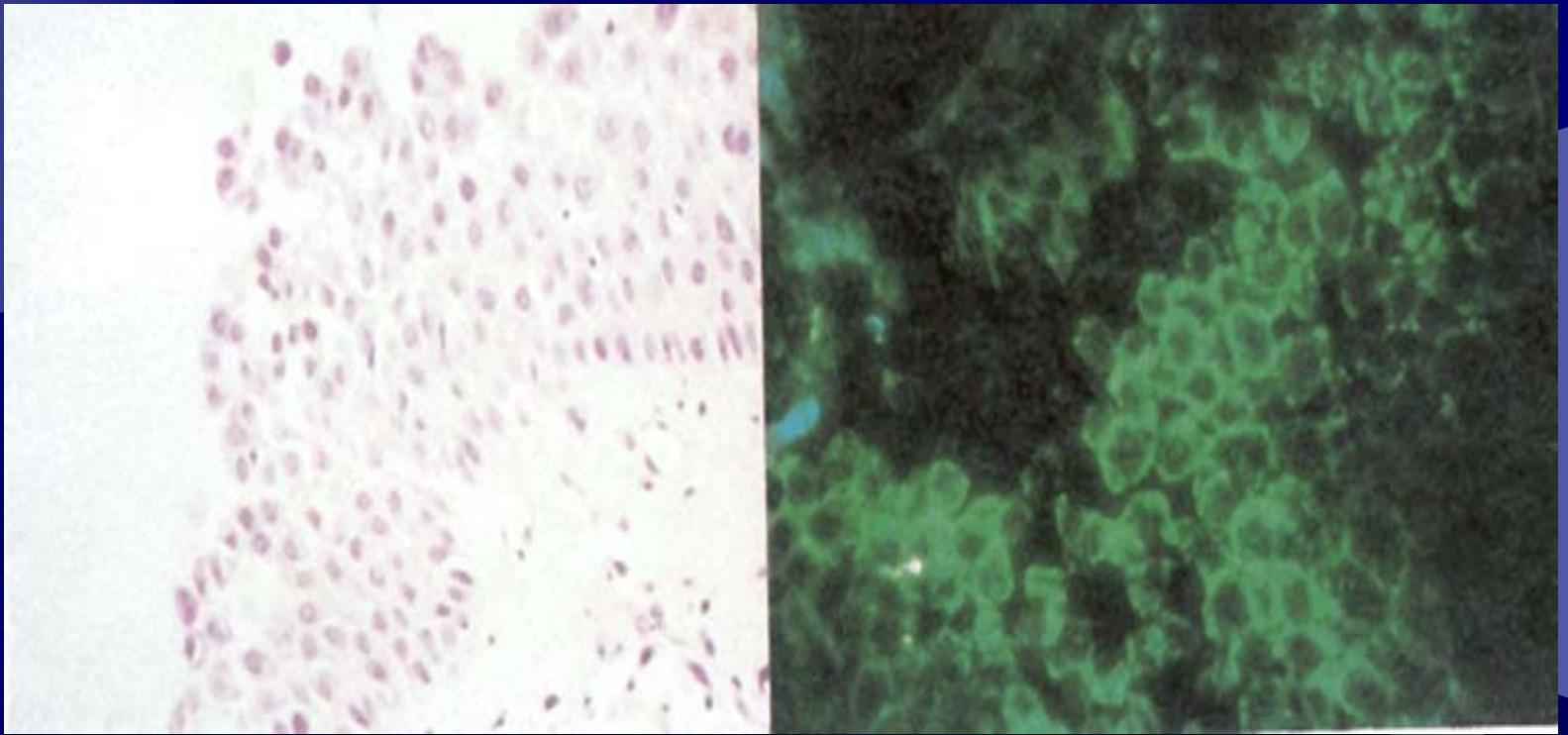
# Dermatologic Disorders

## ☀ Pemphigus vulgaris



# Dermatologic Disorders

## ☀ Pemphigus vulgaris





## Quinn's Rule for Stomatitis:

“Call it aphthous stomatitis. Treat it for two weeks. If it is still there, biopsy it.”