

Oral Ulceration



Two Traumatic Ulcers on the tongue



Non-Healing Ulcers on Hard Palate
(Mucous Membrane Pemphigoid)



Non-Healing Ulcer On Left Tongue
(Oral Squamous Cell Carcinoma)



Recurrent Aphthous Ulceration on Dorsum Tongue

Common causes of Oral Ulcers...

Trauma: Chemical, mechanical or heat. Are there obvious causes present? E.g. A broken tooth, habit, or from history such as pizza or pie burn.

Recurrent Aphthous Stomatitis (RAS): These could be with or without systemic involvement. Testing should be carried out to exclude systemic involvement such as coeliac, Behçets syndrome, MAGIC syndrome. Remember, management of the actual ulcers involves supportive care of pain reduction and reassurance.

Infection: Bacterial (NUG), viral (Herpes) and fungal (Candida) are the common ones. However, remember to also keep in mind things such as HIV, TB and Infectious Mononucleosis.

Medications: Such as Cytotoxics or NSAIDS (Aspirin).

Oral Manifestations of systemic problems or disease: Usually generalised or bilateral-vesiculobullous disease, haematological disease, anaemia, hematinic deficiencies, GI tract disorders (Inflammatory Bowel Disease) or Syndromes (Sweets, Reiter's).

Neoplasia: Oral Mucosal Squamous cell carcinoma (OMSCC).

How to manage...

History will indicate nature: Acute, chronic or recurrent. This can also help to indicate possible medical causes.

Photos: Location, size, symptoms, number, colour, timeline.

Management: Exclude local causes if any and review. If there is a high index of suspicion i.e. A high risk site such as lateral or ventral tongue, floor of mouth, lower lip, and/or within the pillars of fauces region, then refer.

Supportive care: Pain relief should be provided, such as Lignocaine aqueous mouth wash, EMLA topical, Cepacaine mouthwash, Tetracycline mouthwash, immunosuppressive medications, topical steroid cream, steroid mouthwash or steroid injection.



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