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Diagnosis of Oral Ulcers

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Abstract:
The diagnosis and treatment of oral lesions is often challenging due to the clinician's limited exposure to the conditions that may cause the lesions and their similar appearances. While many oral ulcers are the result of chronic trauma, some may indicate an underlying systemic condition such as a gastrointestinal dysfunction, malignancy, immunologic abnormality, or cutaneous disease. Correctly establishing a definitive diagnosis is of major importance to clinicians who manage patients with oral mucosal disease. Some of these diseases are infectious; however, most are chronic, symptomatic, and desquamate. Treatment and management requires an understanding of the immunopathology nature of the lesion. This review will address how to differentiate and diagnose varying types of oral ulcers and provide a treatment strategy

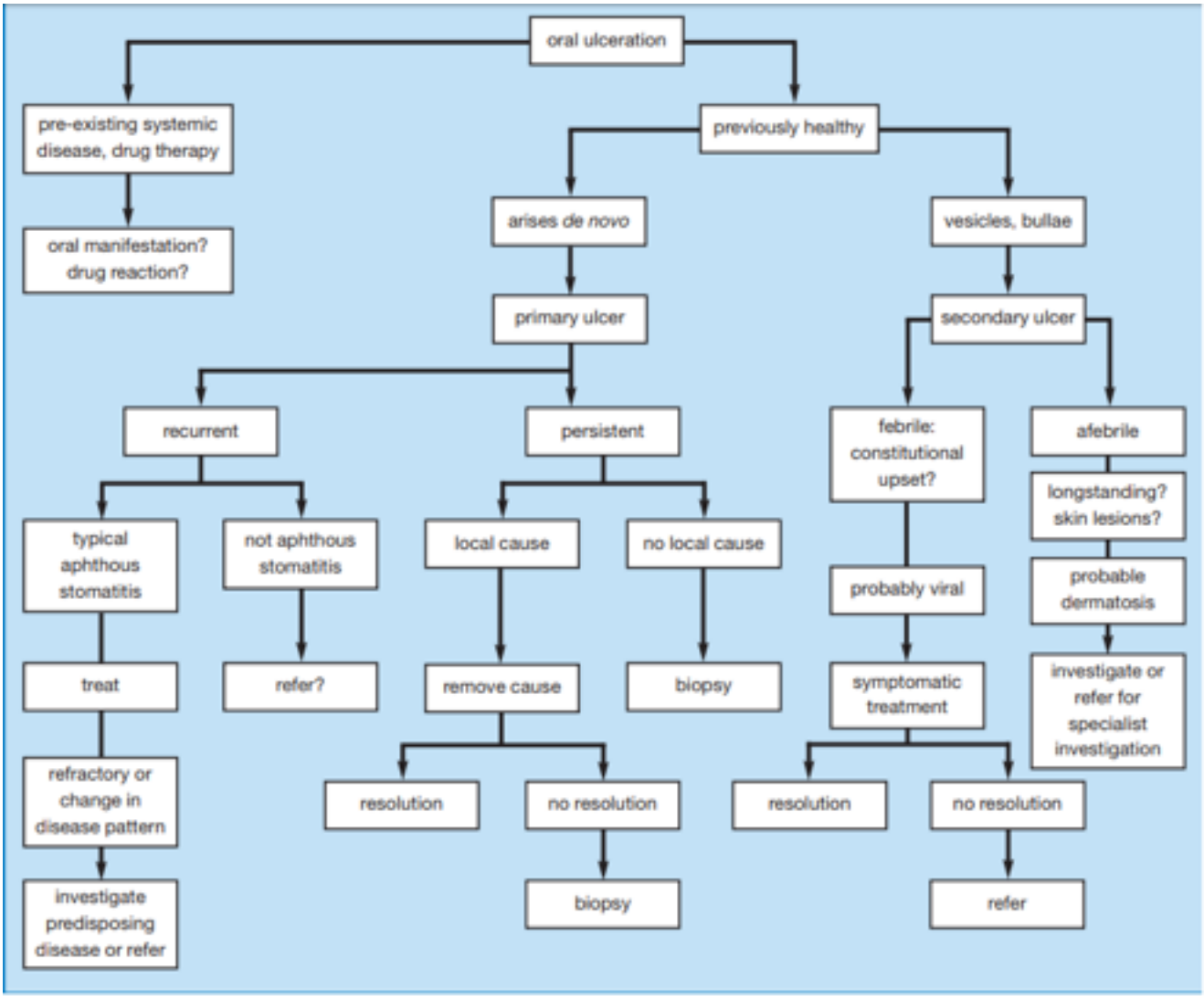
Introduction:
Ulceration is one of the most common complaints of patients who attend their GPs with an oral problem and the differential diagnosis is extensive (1). However, the artificial distinction between medicine and dentistry has led to this important area of disease presentation being overlooked in medical training, and many doctors therefore feel inadequately prepared to deal with oral mucosal disease. Although the cause of ulceration is often local, the oral mucosa is an important site of manifestation of many systemic conditions and oral ulceration may be the initial presentation in such cases. The oral mucosa can be easily examined with a good light and a wooden spatula, and a thorough oral inspection should be part of every clinical examination since it is such a readily accessible source of diagnostic information. Causes of oral ulceration range from the relatively trivial, e.g. traumatic ulcers, to the serious, e.g. oral cancer or pemphigus vulgaris .The key to appropriate therapy is accurate diagnosis and this may require liaison between general and specialist medical and dental practitioners.
While many oral ulcers are the result of chronic trauma, some may indicate an underlying systemic condition such as a gastrointestinal dysfunction, malignancy, immunologic abnormality, or cutaneous disease. (2) Herein; we will discuss how to differentiate and diagnose varying types of oral ulcers and provide treatment strategies.

Discussion
Diagnosis of oral ulceration Ulcers of different causes may have very similar clinical appearance and a few important key questions in the history provide useful diagnostic clues. Because of the rich innervation of the oral mucosa, most ulcers are painful. An important exception to this rule is early squamous cell carcinoma: this typically presents as an ulcer with a rolled everted edge and sloughing or granular base. (3) The exophytic form, verrucous carcinoma, is uncommon but has a better prognosis. The ulcer is often painless until it involves the periosteum, bone or deep mucosal tissues and, consequently, many patients present late with extensive disease and a poor prognosis. The key to management of this disease is early diagnosis and prompt surgical treatment. Persistent, painless ulcers that are found on routine examination, particularly in the elderly, should thus not be ignored, especially in those who smoke or drink alcohol regularly, or where there is evidence of erythroplakia or leucoplakia. The incidence of oral cancer is increasing. (4)
Although there are many congenital or hereditary causes of oral ulceration, they are all very rare. Disorders of the gastrointestinal, haematological, immunological and dermatological systems or viral infections may cause or be associated with oral ulceration. Further, drug therapy for systemic conditions may also cause or worsen oral ulceration. Any patient with a known systemic disease or taking medication who presents with oral ulcers should prompt the question of whether the oral complaint is a manifestation of that disease or the drug therapy. A few pertinent questions about the evolution and chronicity of the ulceration may help the clinician to arrive at the correct diagnosis.

Ulcers may arise de novo (primary ulcers) or secondary to breakdown of vesicles or bullae (secondary ulcers) and may be recurrent or persistent. A previous history of trauma is usually offered by the patient without direct questioning. (5) A systematic enquiry should also be undertaken. Oral examination must be performed with a good light source and taking a systematic approach or signs will be missed. It is essential to use an instrument such as a wooden tongue depressor to examine all the tissues. Wooden instruments should be wetted to avoid adherence to the oral tissues which, in patients with extensive ulceration, is very painful.

Conclusion

As a conclusion, we have provided the below figure to briefly describe the steps to follow in ulcer treatment.



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