

Mouth Ulcers

common causes  
management  
? cancer  
when to refer.

Trauma, teeth, dentures, biting, chewing

Co-existing disease

Blood / vasculitis SLE  
infection herpes, zoster, IM, HIV, TB, syph., CMV,  
GI coeliac, Crohns, UC  
skin lichen planus, pemphigus, pemphigoid,  
erythema multiformae.

SCC  
herpetic stomatitis  
Neuroent aplit  
ulceration  
syph.

Medications NSAIDs, bisphosphates, cytotoxic.

Risk of malignancy Smoking, alcohol. [ chronic single ulcer

Mouth ulcers → 0.5-20% Crohns  
- 1-5% coeliac disease.

- Ⓡ → Remove precipitating cause (broken tooth,)
- Ⓡ → anti septic mouth wash (0.2% chlorhexidine)
- mild topical anaesthetic (0.15% benzocaine)

Recurrent aphthous stomatitis (25% pop.)

20% iron, B12, folate def.  
GI Crohns, IBD, HIV, neutropenia.

- Ⓡ → top antisept
- top abc
- top steroid paste
- no steroid

1° herpetic gingivostomatitis (multiple, fever, malaise, painful lymph)

- Ⓡ → analgesia
- antiviral.

check for immuno def.

Multiple large chronic (7cm)

muco cutaneous disorder

lichen planus, pemph. EM.

oral lichen planus → increase risk of SCC

