Most Common Oral Mucocutaneous Diseases

The oral cavity is a unique environment where systemic maladies may be amplified by the oral mucosa. Sometimes, oral lesions are the first indication of a systemic problem. This issue of ProbeTips will examine a few of the most common chronic oral mucocutaneous lesions, which are in fact not very common!

The three most common lesions are Lichen Planus, Pemphigoid and Pemphigus. Lichenoid Drug Reactions are a variant of Lichen Planus. These will be described in more detail below. Referral to a periodontist or other specialist for biopsy diagnosis is necessary to best manage these disease processes, and to rule out more sinister disorders such as oral cancer, which can mimic a variety of conditions. Although the use of corticosteroids is the treatment of choice, it is important to realize that other local or systemic factors can exacerbate the lesions. Dry mouth, smoking, harsh toothpastes or mouth rinses with high alcohol content, estrogen deficiency, vitamin deficiency, stress, medications, food or substance allergies, or other systemic illnesses can all contribute. Of particular importance also is to realize that several of these diseases require referral to a physician or other medical specialist for comprehensive care for reasons described below.

Several other diseases whose oral manifestations are far more rare and are not discussed here include Psoriasis, Chronic Ulcerative Stomatitis, Graft-Versus-Host Disease, and Lupus Erythematosus.

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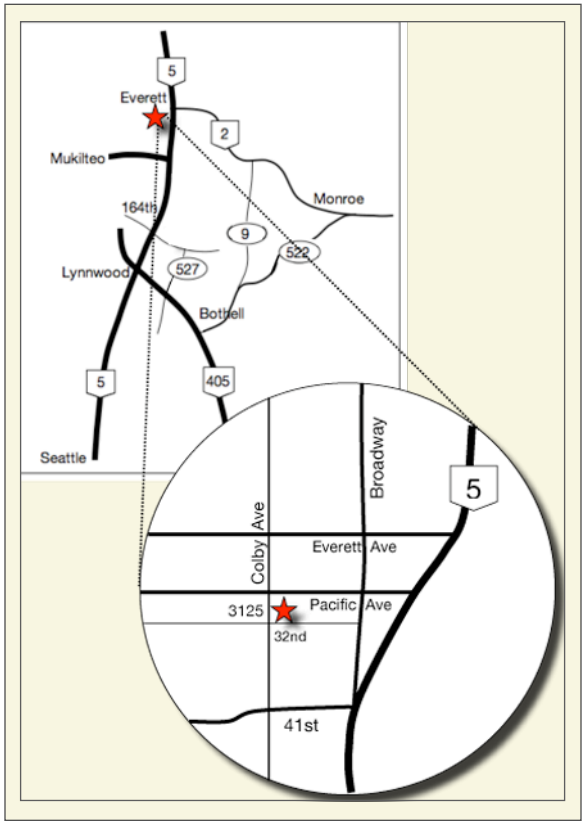

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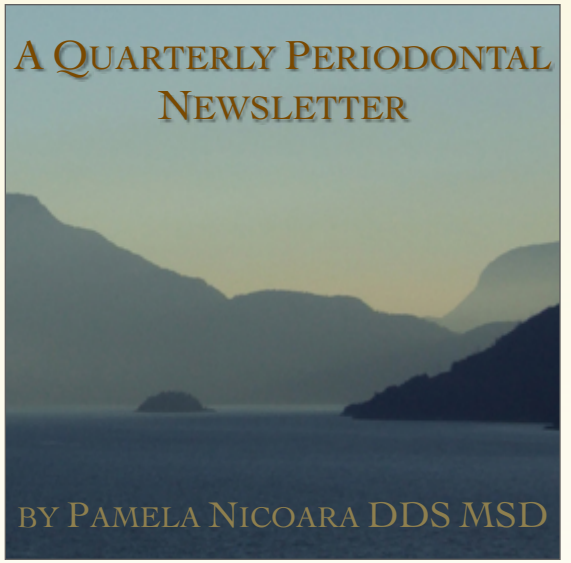

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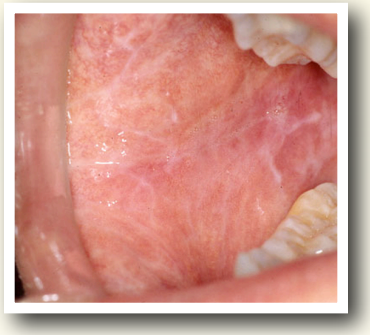
Lichen Planus

Description: Reticular, papular, plaque-like, atrophic, ulcerative and bullous type lesions. Reticular is the most common form found bilaterally on buccal mucosa. May present with combined desquamative gingivitis. May affect skin, eyes, esophagus and genitalia.



Cause: Unknown, possibly autoimmune.

Prevalence: Oral lesions in 2%, skin lesions in 0.4%

Symptoms: Generally asymptomatic, except for erosive forms (atrophic, ulcerative or bullous).

Diagnosis: Confirmed with biopsy.

Treatment: Topical or systemic steroids when symptomatic. Avoid irritating foods/agents.

Prognosis: Remission expected, but recurrence not uncommon.

Morbidity/Mortality: Possible transformation to cancerous lesions, therefore regular recall and periodic biopsy necessary for areas not responding to treatment.

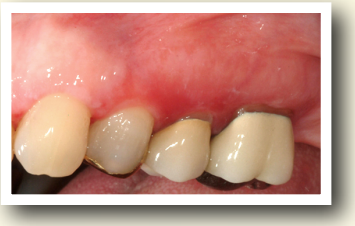
Lichenoid Drug Reactions

Description: Similar appearance to Lichen Planus

Cause: Medications (such as anti-malarials, anti-hypertensives, and NSAIDS), Dental restorative materials, Food allergy including cinnamon flavoring agents (in gum, toothpaste, mouth rinse, or soda), or Other systemic diseases (such as hypertension, diabetes, or lupus)

Prevalence: Unknown

Symptoms: Burning painful sensation.



Diagnosis: Confirmed with biopsy.

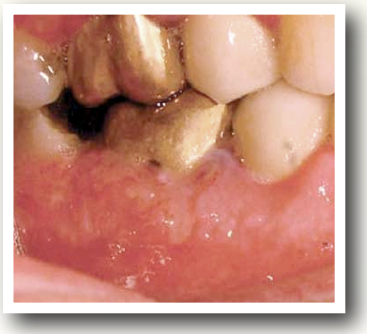
Treatment: Cease use of offending medication or agent, apply topical or systemic steroids if symptomatic.

Prognosis: Remission expected, but recurrence not uncommon especially if medications cannot be altered.

Morbidity/Mortality: Possible transformation to cancerous lesions, therefore regular recall and periodic biopsy necessary for areas not responding to treatment.

Mucous Membrane Pemphigoid

Description: Vesiculobullous lesions, ulcerations, and desquamative gingivitis. Generally only affects oral cavity, but may affect conjunctiva, nares, larynx, esophagus, upper respiratory tract and genitalia.



Cause: Humoral autoimmune disorder.

Prevalence: Unknown

Symptoms: Painful oral blisters with bleeding surface beneath open blisters.

Diagnosis: Confirmed with biopsy.

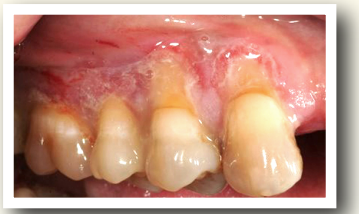
Treatment: Topical or systemic steroids. Help patient to control plaque and other local irritants.

Prognosis: Remission expected, but recurrence not uncommon

Morbidity/Mortality: Oral lesions heal without scarring, but ocular lesions exhibit progressive scarring leading to fusion of ocular and eyelid conjunctiva causing blindness. A form of paraneoplastic pemphigoid has been described associated with internal malignancy warranting medical referral and complete evaluation. Refer to ophthalmologist for evaluation.

Pemphigus Vulgaris

Description: Bullae (blister) formation of the skin and/or mucous membranes.



Cause: Autoimmune.

Prevalence: 0.5-3.2 per 100,000 persons

Symptoms: Painful ruptured blisters and erosions with ragged borders.

Diagnosis: Confirmed with biopsy.

Treatment: Topical or systemic steroids. Avoid irritating foods/agents.

Prognosis: 5-15% mortality, whereas most patients died in the past before the advent of steroids.

Morbidity/Mortality: Potentially life threatening if skin lesions cover a significant portion of the body causing septicemia or fluid and electrolyte loss. Paraneoplastic pemphigus is found in patients suffering from lymphoma, leukemia, sarcoma or squamous cell carcinoma. Therefore refer to a physician for a complete evaluation.

References

JPerio Position Paper 2003; *74*:1545-1556, www.emedicine.medscape.com, & Dr Scott Cohen.