



Original research

Behavior of the recurrent aphthous stomatitis as a dental urgency at Vedado's University Polyclinic



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ABSTRACT

Aim: To evaluate the clinical behavior of recurrent aphthous stomatitis (RAS) in a Cuban population.

Methods: In the present study adult patients from the Vedado's University Polyclinic (Cuba) diagnosed with RAS, from September 2009 to May 2010, were examined. Clinical classification, site, associated predisposing factors and clinical evolution of aphthae were evaluated. All patients were reevaluated at 10 and 14 days after the diagnosis to analyze the healing process.

Results: Minor aphthae was the more frequent clinical variant of RAS (88.4%) followed by Major (8.4%) and Herpetiform (3.2%) aphthae. Females were more affected (67.4%) than males (22.6%). Major aphthae was more common in patients aged between 35 and 59 years old, however Minor and Herpetiform aphthae were more common in individuals aged between 19 and 34 years old. Stress was a possible predisposing factor for the development of RAS in all patients. The most frequent site affected was the lip (35.7%) and the least was the palate (7.8%). Aphthae healing period was 7–10 days in 90.5% of the studied population.

Conclusion: The most common clinical variant of RAS in the population studied was the Minor form, affecting mainly the female gender and the younger age groups, with a healing period time between 7 and 10 days. The labial mucosa was the most common site.

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Comportamento da estomatite aftosa recorrente como urgência estomatológica na Policlínica da Universidade de Vedado

RESUMO

Objetivo: Avaliar o comportamento clínico da Estomatite Aftosa Recorrente (EAR) numa população cubana.

Métodos: Os pacientes adultos que compareceram na consulta da Policlínica da Universidade de Vedado (Cuba) e foram diagnosticados com EAR, de setembro de 2009 a maio de 2010, foram examinados tendo em conta as seguintes características das aftas: forma clínica, localização, fatores de risco associados e evolução clínica. Todos os pacientes

Palavras-chave:

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foram reavaliados 10 a 14 dias após o diagnóstico para acompanhar o processo de cicatrização.

Resultados: A afta pequena foi a forma clínica mais frequente de EAR (88,4%), seguida pela afta grande (8,4%) e afta herpetiforme (3,2%). As mulheres foram mais afetadas (67,4%) do que os homens (22,6%). A afta grande foi mais frequente em pacientes com idades compreendidas entre os 35 e os 59 anos, enquanto que a aftas pequena e herpetiforme foram mais frequentes entre os 19 e 34 anos. O stress foi um possível fator de risco para o desenvolvimento da EAR em todos os pacientes. A mucosa labial foi a localização mais frequente (35,7%), enquanto que o palato foi a menos frequente (7,8%). O tempo decorrido entre o diagnóstico e a cicatrização da EAR foi de 7 a 10 dias em 90,5% da população estudada.

Conclusão: A afta pequena foi a forma clínica mais comum de EAR na população estudada, afetou principalmente o sexo feminino e as faixas etárias mais jovens e cicatrizava ao fim de 7 a 10 dias. A mucosa labial foi a localização mais frequente da EAR.

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Introduction

The recurrent aphthous stomatitis (RAS) is a common benign clinical entity already described by Hippocrates in 460–370 BC.^{1,2} It is characterized by the sudden appearance of painful, recurrent ulcers, located in the oral mucosa which, usually, heal spontaneously.³ Its precise etiology is unknown with various supporting factors being pointed out that seem to facilitate its occurrence.⁴ Three forms are clinically distinguished: minor (MiRAS), major (MaRAS) and herpetiform (HU). The first one covers about 80% of the cases. It can be unique or multiple, and it is characterized by the appearance of round or oval-shaped ulcers with a diameter of less than 0.5 cm. They most frequently appear on the non-keratinized oral mucosa such as lip, bottom of the vestibule, floor of the mouth and lips of the tongue not being, however, excluded the remaining sites such as the gingiva, the dorsum of the tongue and the hard palate. Usually, they heal spontaneously within 10–14 days, with the possibility, however, to relapse within 3–4 months.^{3,5,6} Major aphthae, also called Sutton's disease or recurrent necrotic mucosa periadenitis, cover about 10% of the cases. They can be several, up to a maximum of 10, with a diameter exceeding 1 cm. The interior is deeper than the one observed in minor aphthae, it is characterized by intense pain and the sites of predilection are the labial mucosa, the soft palate and the isthmus of the fauces. They sometimes are associated with dysphonia and/or dysphagia. The duration varies between 4 and 6 weeks and can leave scars.^{1,3,5,7,8} The herpetiform aphtha covers the remain 10% of the RAS. Many ulcers, between 10 and 100, occur with diameters between 1 and 3 mm, they are very painful with no preferential location site and they have the tendency to coalesce. While the first two clinical forms predominate during childhood and youth the latter tends to appear in adult life with a scarring period between 7 and 10 days, being more frequent in women.^{1,3,5,7,8}

Of unknown pathogenesis some factors are usually mentioned in the literature as probable risk factors.⁹ Among them the following are highlighted: gastrointestinal alterations, such as gastroenteritis, malabsorption syndrome, ulcerative colitis and giardiasis,¹⁰ food or respiratory allergies,^{11–13}

endocrine changes related to the estrogen content since the aphthae often precede the beginning of the menstrual period and are absent during pregnancy⁵ and, lastly, vitamin deficiencies, namely folic acid, vitamins C, B-12 and B-1.^{1,5,14}

The aim of this study was to determine the behavior of the RAS in patients attended at Vedado's University Polyclinic located in the municipality Plaza de la Revolución (Cuba).

Materials and methods

Patients above the age of 19 who sought the Dental Emergency service of the Vedado's University Polyclinic (Havana-Cuba) to treat aphthae located in the oral mucosa, from September 2009 to May 2010, were examined. Individuals with confirmed RAS diagnosis and with a history of similar chart were included in the study. Patients with physical or mental disabilities were excluded.

In order to accomplish this study, the topic and goal of the assignment as well as the steps to achieve it were all explained to the patients. The study is in line with what is established in the Helsinki Declaration on research in humans for therapeutic purposes.

On the basis of these criteria, the final sample consisted of a total of 95 patients with RAS in any given clinical presentations according to the classification of Scully and Porter.^{3,5}

Data was collected concerning the following parameters: clinical classification, gender and age group, site, associated predisposing factors and clinical evolution according to the clinical classification.

The exam took place on a dental chair with good light and using a mouth mirror size No 5. The data were collected using a survey prepared for the purpose ([Annex 1](#)). The survey consisted of multiple choice and open-ended questions. Participants answered to demographic questions about their age and gender. They were also questioned about 42 stress symptoms and their frequency of occurrence (0 = never, 1 = rarely, 2 = sometimes, 3 = often, 4 = very often, 5 = always) for the last 12 months, using Lipp's inventory of stress symptoms for adults.^{15–17} The answers were accounted between a minimum

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