

Normal Variations of Oral Anatomy and Common Oral Soft Tissue Lesions

Evaluation and Management



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KEYWORDS

- Leukoedema • Fordyce granules • Linea alba • White sponge nevus • Ankyloglossia
- Lingual thyroid • Hairy tongue • Fissured tongue

KEY POINTS

- Physicians should be able to recognize normal variations of oral and oropharyngeal anatomy.
- Physicians should be able to recognize common soft tissue lesions of the oral and oropharyngeal structures.
- Physicians should be able to determine if referral to an oral health care provider for further evaluation and management is warranted based on physical examination findings.

BUCCAL AND LABIAL MUCOSA

Cheek Biting (Morsicatio Buccarum)

Habitual, repetitive, parafunctional masticatory activity against the delicate nonkeratinized buccal mucosal tissue may result in a whitish, ragged surface and irregularly textured area of varying size known as morsicatio buccarum (chronic cheek biting).¹⁻⁴ These areas are found unilaterally or bilaterally, in the vicinity of and lateral to the occlusal surfaces of the dentition. Histologic appearance is consistent with hyperkeratosis.

Management

Typically, there is no treatment other than reassurance, but use of an occlusal guard may be indicated to protect the buccal mucosa from chronic trauma (**Fig. 1**).⁵⁻⁷

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Fig. 1. Chronic cheek biting has resulted in this diffuse right buccal mucosal lesion. (Courtesy of A. Kuperstein, DDS, Philadelphia, PA.)

Leukoedema

Leukoedema is a common benign mucosal alteration of unknown cause that is considered to be a normal variation. It is usually discovered as an incidental finding during routine oral examination. In the United States it is present in about 70% to 90% of African-American adults and 50% of African-American children. It is observed less frequently in whites, and overall is commonly seen in males.⁸⁻¹⁰

Leukoedema is characterized by accumulation of the fluid within the epithelial cells of the buccal mucosa. Leukoedema usually start to appear around age 2 to 5; however, it is not often noticeable until adulthood.¹¹ Clinically leukoedema presents as an asymptomatic, grayish white semitransparent mucosal alteration, located in the buccal mucosa bilaterally. Occasionally, folds or white lines crisscross the affected area.

The buccal mucosa is the most common site for leukoedema; however, it can extend to the labial mucosa, floor of the mouth, and pharyngeal areas. Other mucosal surfaces can be affected, such as vagina and larynx. Leukoedema cannot be wiped off; however, it can be eliminated temporarily by stretching of the mucosa, which is referred to as clinical stretch test.¹²⁻¹⁷ Differential diagnoses of leukoedema include white sponge nevus, smoker's tobacco, frictional keratosis, candidiasis, lichen planus, and hereditary benign intraepithelial dyskeratosis. Leukoedema can be easily diagnosed clinically by not being temporarily eliminated.

Management

Leukoedema is considered to be a normal variation; therefore, no treatment is required for this condition. There is no relationship between leukoedema and dysplasia and malignancy (Fig. 2).¹⁸

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