

# Oral Mucosal Diseases

## Evaluation and Management



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### KEYWORDS

- Oral mucosal disease • Herpes • Candida • Aphthous • Lichen planus • Pemphigus • Pemphigoid

### KEY POINTS

- Oral mucosal diseases are common disorders affecting all segments of the general population.
- These conditions can be of an infectious or noninfectious etiology.
- Several disorders can present with similar features, which makes clinical diagnosis challenging.
- Management protocols vary based on the specific oral mucosal disease.

Oral mucosal diseases represent several common conditions that affect all segments of the general population. Some of these disorders present with signs and symptoms that are pathognomonic for the condition, whereas others present with similar features that can make diagnosis difficult to achieve based on clinical examination only. These disorders may be categorized based on different clinical parameters, such as acute versus chronic conditions, single versus multiple lesions, primary versus recurrent nature, and/or local versus widespread disease.<sup>1</sup> For the purposes of this article, oral mucosal diseases are categorized on the basis of etiology (ie, infectious vs noninfectious) (Fig. 1).

### INFECTIOUS DISEASES

#### *Candidiasis*

The most common oropharyngeal fungal disease(s) are caused by *Candida* species and the most common *Candida* subtype to cause an oropharyngeal infection is *Candida albicans*.<sup>2</sup> *Candida* is an obligate organism located in the human digestive

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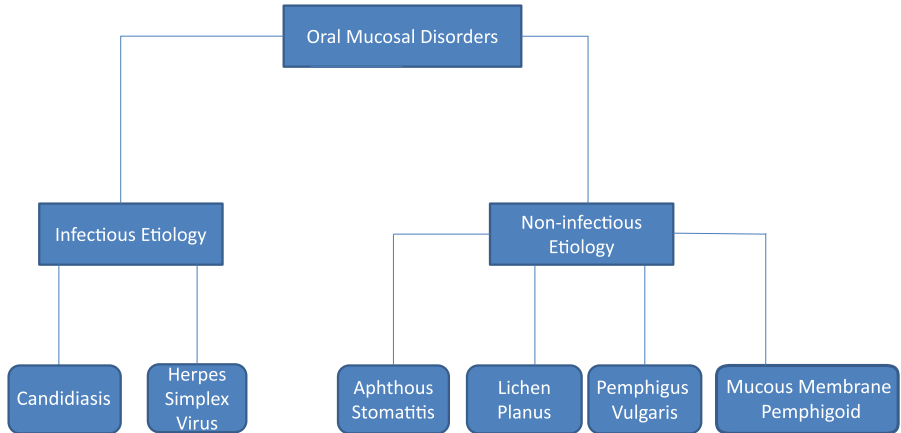
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**Fig. 1.** Etiology of oral mucosal diseases.

and vaginal tracts and up to 60% of immunocompetent individuals may harbor this organism in the oropharynx.<sup>2,3</sup> *Candida* can exist in both the yeast and hyphal phases (dimorphism) and reproduces by multilateral budding. *Candida* is thought to directly invade tissue and cause disease by stimulating a hypersensitive state or by producing toxins.<sup>2</sup> Several factors can alter the oropharyngeal environment to make an individual more susceptible to a *Candida* infection, such as (1) changes to saliva quality and/or quantity, (2) dental prostheses, (3) medications, (4) nutritional deficiencies, and (5) immunosuppressive diseases.<sup>2-4</sup> The most common types of clinical oropharyngeal *Candida* conditions are listed in **Table 1**.

Most infections are diagnosed by the representative clinical features described for each condition. Common adjunctive diagnostic techniques may include exfoliative cytology with potassium hydroxide, Gram stain, or periodic acid-Schiff stain demonstrating hyphae and yeast and/or mucosal biopsy demonstrating budding yeast cells, pseudohyphae, and hyphal structures.<sup>2-5</sup>

### ***Pseudomembranous candidiasis***

- Commonly referred to as “thrush” (**Fig. 2**).<sup>2-6</sup>
- Usually presents as white or yellow superficial plaques that can be easily removed with an inflammatory base.
- May present on any mucosal surface.
- Condition may be asymptomatic or associated with burning, stinging, itching, and/or altered taste.

**Table 1**  
Oropharyngeal *Candida* conditions

| Localized to the Oral Cavity        | <i>Candida</i> -Associated Conditions                 |
|-------------------------------------|---|
| Pseudomembranous candidiasis        | Angular cheilitis                                     |
| Erythematous (atrophic) candidiasis | Central papillary atrophy (median rhomboid glossitis) |
| Chronic hyperplastic candidiasis    |   |

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