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Commentary Oral Dermatology, Part II

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Commentary Oral Dermatology, Part II

The diagnosis and treatment of oral mucosal diseases can be challenging for the clinician. Interest in oral dermatology, oral medicine, and oral pathology by physicians, dentists, and other health care professionals is high. The purpose of this edition of *Clinics in Dermatology*, titled *Oral Dermatology II*, and the first volume, *Oral Dermatology I*, (1) is to provide the learner with a current review of topics pertinent to oral dermatology. The contributors include dermatologists, dentists, oral medicine specialists and otolaryngologists who possess specialized experience and expertise in oral diseases. Previous issues on the subject were Disease of the Mucous Membrane (2) and Oral Pathology (3).

Oral dermatology is an area of particular interest not only for dermatologists but also for otolaryngologists, stomatologists, venereologists, dentists, oral surgeons, oral pathologists, oral medicine specialists and other health care practitioners. The topics related to oral dermatology are important elements of undergraduate, postgraduate and continuing medical and dental education. Keen interest in the topic is apparent from the enthusiastic reception of the first volume, *Oral Dermatology, I.*

Contributions

In the first paper, Bulur and Onder provide a detailed review of Behcet Disease (BD) (4). Behcet disease is a rare condition characterized by the presence of oral aphthae, anogenital aphthae and ocular inflammation with or without other reactive cutaneous and/or systemic manifestations. BD is rare in the US and often confused with complex aphthosis in western countries. It is a more common condition in Turkey, the Middle East, along the Silk Route and throughout central and northern Asia. BD has a potentially grave outlook. Bulur and Onder bring extensive first-hand experience to and provide an in-depth review of treatment options for these patients. They also discuss the recently revised diagnostic classifications. This contribution supplements the papers on acute oral ulcers by Lehman and Rogers (5), recurrent aphthous stomatitis by Cui, Bruce and Rogers (6), and periodic fever, aphthous stomatitis, pharyngitis, and adenitis (PFAPA) by Ali, Sartori-Valinotti and Bruce (7) from the first volume.

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