LESIONS OF THE ORAL CAVITY

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ORAL CAVITY

• LIPS
• TEETH
• GINGIVA
• ORAL MUCOUS MEMBRANES
• PALATE
• TONGUE
• ORAL LYMPHOID TISSUES

Oral Cavity Subsites
Normal Anatomic Variant

Torus palatinus

Acute: small, recent onset, short duration, recurrent

- Trauma
- Recurrent Aphthous Stomatitis
- Behcet’s
- Herpesvirus Infection
- Herpangina
Trauma:

- Cheek Biting

Trauma:

- Ill-Fitting dentures

Trauma:

- Chemical Burns
Trauma:

- Abrasions from Teeth

Recurrent Aphthous Stomatitis (RAS)

- Most common ulcerative lesion of oral cavity
- Recurrent, painful ulcers
- Confined to soft mucosa
- Subdivided into three types:
  - Minor aphthae
  - Major aphthae
  - Herpetiform aphthae

Recurrent Aphthous Stomatitis (RAS)

- Minor aphthae:
  - Less than 1 cm
  - Heal completely in 7-10 days without scarring
  - Painful
  - Prodromal stage
  - Shallow and round to oval
  - Gray to yellow membrane
  - Clusters of up to 5 ulcers
  - Steroids
Recurrent Aphthous Stomatitis (RAS)

• Minor apthae

Recurrent Aphthous Stomatitis (RAS)

• Major Aphthae
  – Uncommon
  – Irregular, deep ulcers
  – 1-3 cm in size
  – Raised borders
  – Heal in 4-6 weeks
  – Extensive scarring and distortion
  – BIOPSY!!
  – Steroids

Recurrent Aphthous Stomatitis (RAS)

• Major aphthae
Recurrent Aphthous Stomatitis (RAS)

• Herpetiform Aphthae
  – Uncommon
  – Crops of up to 150 very small (<3mm) ulcers
  – Heal completely in 7-10 days
  – COMPLETELY UNRELATED TO HERPESVIRUS

Recurrent Aphthous Stomatitis (RAS)

• Herpetiform aphthae

Behcet’s

• Symptom complex of:
  – Recurrent aphthous ulcers of the mouth
  – Painful genital ulcers
  – Uveitis or conjunctivitis
Behcet’s

- Affects persons of Mediterranean, Middle Eastern, or Japanese decent
- Easily confused with Stevens-Johnson syndrome or Reiter’s disease
- Need referral for systemic treatment

Herpesvirus Infection

- HSV-1 and/or HSV-2
  - Primary Infection
  - Secondary Infection
- Varicella zoster virus (HHV-3)
Herpesvirus Infection

• Primary Infection
  – Herpetic gingivostomatitis
  – Younger patients
  – Often asymptomatic
  – May be associated with fever, chills, malaise
  – Vesicles-ulcers-crusting
  – Anywhere in the oral cavity
Herpesvirus Infection

- Secondary Infection
  - Reactivation of latent virus
  - Not associated with systemic symptoms
  - Small vesicles
  - Occur only on the hard palate and gingiva
  - Prodromal signs

Herpesvirus Infection

- Secondary infection

Herpesvirus Infection

- Varicella zoster virus (HHV-3)
  - Latent infection
  - Oral ulcers
  - Dermatomal distribution
Herpesvirus Infection

- Varicella zoster virus

Herpesvirus Infection

- Varicella zoster virus

Herpangina

- NOT caused by Herpesvirus
- Coxsackie A virus
- Children < 10 years of age
- Common in summer and fall
- Often subclinical presentation
- Headache/Abdominal pain 48hrs prior to papulovesicular lesions on tonsils and uvula.
- Sore throat
Herpangina

Chronic: longer duration, well circumscribed, raised borders, indurated base with crater

- Trauma
- Infection
- Neoplasm
- Necrotizing sialometaplasia

Trauma:

- Ill-Fitting dentures
Infection

- Rare
- HIV/AIDS patients
- Bacterial
- Deep mycotic infection
- Candida

Infection

- Bacterial
  - Usually secondary infection
  - Primary infection: syphilis, tuberculous, or actinomycosis

Infection

- Bacterial-Syphilis
Infection

• Bacterial-Syphilis

Infection

• Mycotic
  – Blastomycosis
  – Histoplasmosis

Infection

• Histoplasmosis
Infection

• Candida
  – Candida albicans
  – Most common
  – Normal flora
  – Predisposing factors
  – White creamy patches
  – KOH prep
  – Nystatin oral suspension

Leukoplakia

Precancerous tumor of the mucous membranes, most common in older men and usually seen on the lip or tongue.

Leukoplakia first appears as a small, smooth, white spot but develops into a larger area of thickening with a rough texture and color varying from white to gray.

Red areas within the leukoplakia pose a particular high risk of becoming malignant (erythroplakia).
Neoplasm

- Squamous cell carcinoma (SCC)
  - Most common
  - Irregular ulcers with raised margins
  - May be exophytic, infiltrative or verrucoid
  - Mimic benign lesions grossly
Neoplasm

- Squamous cell carcinoma

Necrotizing Sialometaplasia

- Inflammatory condition
- Ischemia to minor salivary glands
- Deep ulcers of the hard palate
- Resolves in 6 weeks

Sialometaplasia
Sialometaplasia

Submucosal palate neoplasm

Generalized: broad classification encompassing a wide variety of causative agents or conditions
- Contact stomatitis
- Radiation mucositis
- Cancer chemotherapy
- Amyloidosis
Amyloidosis of the Tongue

Dermatologic Disorders: cutaneous and oral manifestations
- Erythema multiforme
- Lichen planus
- Benign mucous membrane pemphigoid
- Bullous pemphigoid
- Pemphigus vulgaris

Dermatologic Disorders
- Erythema multiforme
  - Rapidly progressive
  - Antigen-antibody complex deposition in vessels of the dermis
  - Target lesions of the skin
  - Diffuse ulceration, crusting of lips, tongue, buccal mucosa
  - Self-limited, heal without scarring
Dermatologic Disorders

• Erythema multiforme

Dermatologic Disorders

• Lichen planus
  – Chronic disease of skin and mucous membranes
  – Destruction of basal cell layer by activated lymphocytes
  – Reticular: fine, lacy appearance on buccal mucosa (Wickman’s striae)
  – Hypertrophic: resembles leukoplakia
  – Atrophic or erosive: painful

Dermatologic Disorders

• Lichen planus
Dermatologic Disorders

• Lichen planus

Dermatologic Disorders

• Lichen planus

Dermatologic Disorders

• Benign mucous membrane pemphigoid
  – Tense subepithelial bullae of skin and mucous membranes
  – Rupture, large erosions, heal without scarring
  – Sloughing (Nikolsky sign)
• Bullous pemphigoid
  – Cutaneous lesions more common
• Both show subepithelial clefting with dissolution of the basement membrane
  – IgG in basement membrane
Dermatologic Disorders

- Benign mucous membrane pemphigoid

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Dermatologic Disorders

- Benign mucous membrane pemphigoid

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Dermatologic Disorders

- Pemphigus vulgaris
  - Severe, potentially fatal
  - Jewish and Italians
  - Intraepithelial bullae and acantholysis
  - Nikolsky's sign
  - Loss of intracellular bridges
  - Autoimmune response to desmoglein 3
  - Intraepithelial clefting
Dermatologic Disorders

• Pemphigus vulgaris

Rule for Stomatitis:

“Call it aphthous stomatitis. Treat it for two weeks. If it is still there, biopsy it.”