

# Ulcers in the mouth and other factors of orofacial discomfort and irritation.

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## Abstract

**Mouth ulcers, also known as oral ulcers or mucosal ulcers, are ulcers that develop on the mucous membrane of the mouth. Ulcer is a breach in the epithelium's continuity caused by molecular necrosis. Ulcers in the oral cavity are the most frequent, and patients seek treatment from their doctor or dentist. Mouth ulcers are quite frequent, occurring in conjunction with a variety of illnesses and caused by a variety of factors. The most common symptoms are redness, a burning feeling, and/or discomfort. They can appear in any section of the oral cavity, but if they do so in the moveable area, they might be unpleasant.**

**Keywords:** Ulcers, Oral Care, Discomfort and Irritation.

Accepted on July 26<sup>th</sup>, 2021

## Introduction

Mouth ulcers are common and usually result from trauma, such as ill-fitting dentures, fractured teeth, or fillings. However, patients with ulcers that last longer than three weeks should be referred for a biopsy or other investigations to rule out malignancy or other serious conditions like chronic infections [1].

The majority of mouth ulcers are unpleasant, and they can make eating and drinking difficult. Patients with mouth ulcers are frequently seen in community pharmacies as a result. Aphthous stomatitis (oral ulceration), which is characterised by a full-thickness break in the epithelium lining the soft tissues of the mouth, affects a large percentage of the population and can be caused by a variety of factors.

Trauma-related ulcers generally heal in approximately a week once the source is removed and symptomatic relief is provided by an anti-inflammatory and anaesthetic throat spray, as well as the use of chlorhexidine 0.2 percent aqueous mouthwash to maintain excellent dental hygiene [2].

Repeated aphthous stomatitis is characterised by recurrent tiny, round, or ovoid ulcers with constricted borders, erythematous haloes, and yellow or grey floors that begin in infancy or adolescence. It affects at least 20% of the population, and the disease has a natural path of remission. The following are the three primary clinical types: 1. Minor aphthous ulcers (which account for 80% of all aphthae) have a diameter of less than 5 mm and heal in 7 to 14 days. 2. Major aphthous ulcers are huge ulcers that heal slowly over several weeks or months, leaving scarring. 3. Herpetiform ulcers are numerous pinpoint ulcers that heal in roughly a month.

Some instances have a family and genetic foundation; a minority includes identifiable etiologic variables such as stress, trauma, quitting smoking, menstruation, and food sensitivity. The majority of patients appear to be in good health.

Aphthae can also be seen in children with recurrent fever, aphthous stomatitis, pharyngitis, and cervical adenitis syndrome. This condition resolves on its own, and long-term consequences are uncommon. Corticosteroids are extremely efficient in relieving symptoms; tonsillectomy and cimetidine therapy have been successful in some people [3].

Ulcers can be caused by skin, connective tissue, blood, or gastrointestinal system problems. Lichen planus, pemphigus, pemphigoid, erythema multiforme, epidermolysis bullosa, and angina bullosa hemorrhagica are the most common skin diseases linked with mouth ulcers (blood-filled blisters that leave ulcerated areas after rupture). Given the clinical implications of pemphigus, correct identification of oral bullae is critical, and biopsy tissue is frequently referred for direct and indirect immunofluorescence.

This common condition of unknown etiology, which affects about 10% of children and adults, is characterized by map-like red areas of atrophy of filiform tongue papillae in patterns that change even within hours. The tongue is often fissured. Lesions can cause soreness or may be asymptomatic.

## Conclusion

This widespread disease, which affects around 10% of infants and adults, is marked by map-like red regions of atrophy of filiform tongue papillae in patterns that alter even within hours. The tongue is frequently fissured. Lesions can produce pain or be asymptomatic.

## Reference

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