

Physical and Chemical Injuries

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Chronic cheek or tongue chewing

- Chronic irritation
- Similar lesions may occur on lip
- Patient aware or unaware (subconscious habit)
- Bilateral; sometimes unilateral; combination of sites
- Irregular white areas associated with erosions
- RAGGED SURFACE; shedding
- Biopsy may be diagnostic
- DD: Leukoplakia, hairy leukoplakia, leukoedema





Chronic Ulcerations

- Accidental
- Mechanical, thermal, electrical, chemical
- TUGSE: traumatic ulcerative granuloma with tissue eosinophilia
- Fixed drug eruption
- Riga-Fede syndrome
- Atypical eosinophilic ulceration (T cell proliferation); atypical lymphoproliferative disorder







A lesion is (most likely) a (traumatic) ulceration when.....

- There is history of trauma
- Area of erythema, depression covered with removable yellow fibrinopurulent membrane and surrounded by an area of hyperkeratosis

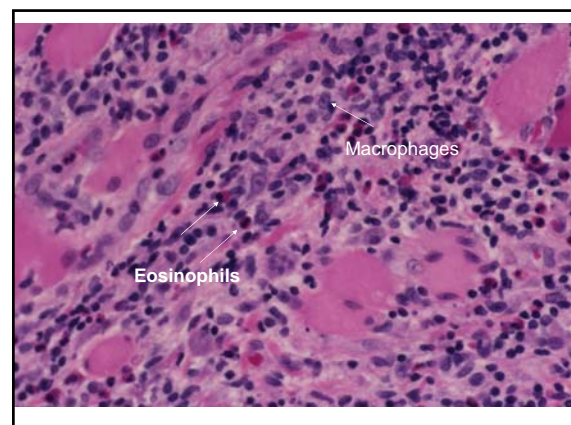
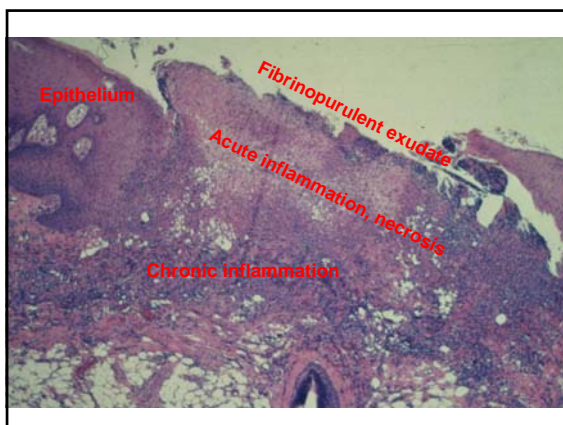
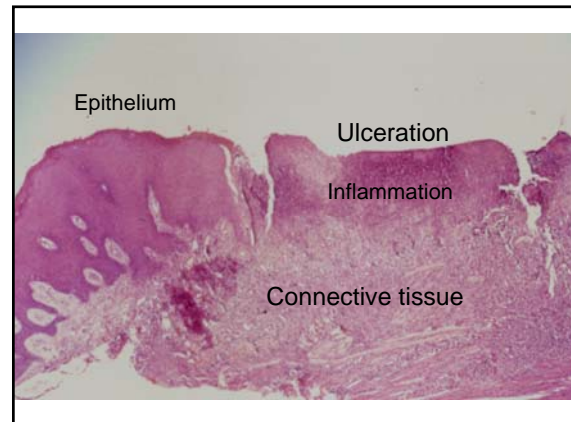
Tricky Ulcers

- TUGSE: males
- Riga-Fede: 1 month to 1 year of age
- Atypical eosinophilic ulceration: older patients



Histology

- Fibrinopurulent membranous exudate
- Borders: Epithelial hyperplasia, with or without hyperkeratosis
- Mixed inflammatory infiltrate
- Eosinophils in TUGSE and atypical ulcerations
- Atypical eosinophilic ulcerations react with markers for nonaggressive cutaneous lymphoma



Treatment

- Elimination of cause
- Dyclonine HCl, hydroxypropyl cellulose films
- Biopsy indicated if patients do not respond to therapy
- Steroids (gel, injection) may have good response
- Atypical eosinophilic ulcerations: work-up of lymphoma necessary

Spontaneous Sequestration

(Mandibular lingual sequestration with ulceration)

- Not related to systemic disease, infection, or major trauma
- Lingual surface of mandible
- Usually mucosal ulceration present
- Local vascular disruption, traumatic injury, excessive occlusal forces, mucosal denudation due to chemical injury



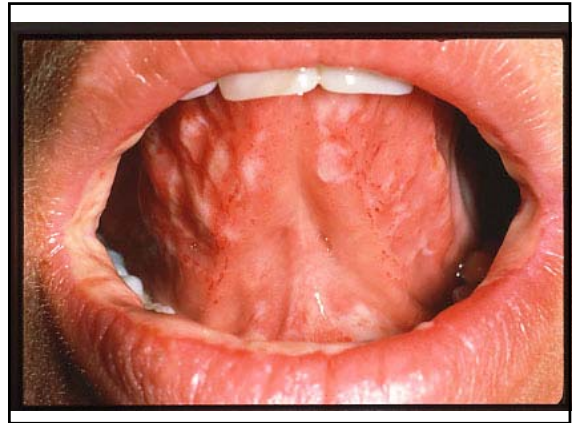
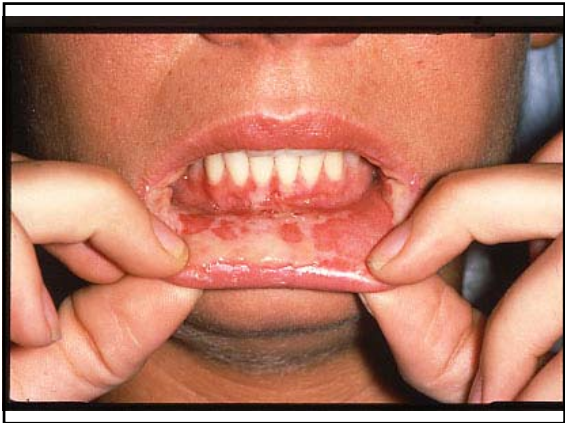
Chemical Injuries

- To treat oral problems, patients can place in the mouth whatever their _____, tells them
- Aspirin, hydrogen peroxide, eugenol, Listerine, gasoline, rubbing alcohol, battery acid, alcoholic beverages, tooth-whitening strips
- Children: (chlor)promazine, aspirin
- Dentists can cause iatrogenic chemical injuries
silver nitrate, phenol, formocresol, paraformaldehyde, sodium hypochloride, varnishes, acid etch material, cotton rolls

Specifically....

- Aspirin: Patient confirmation; lesion in the area of placement
- Hydrogen peroxide: 1% dilution can cause necrosis
- Silver nitrate: Aphthous stomatitis favored tx
- Phenol: Another aphthous stomatitis favored tx







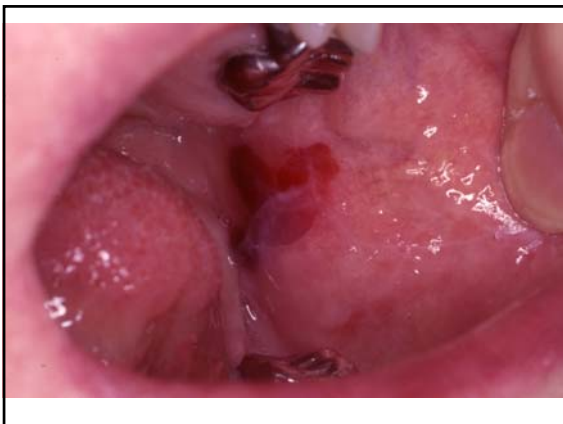
“Meth”-mouth

- Methamphetamine
- CNS, GI, heart, lungs, skin
- Rampant dental caries similar to “baby-bottle” syndrome



Submucosal Hemorrhage

- Petechia
- Purpura
- Ecchymosis
- Hematoma
- Causes
 - Minor or major trauma
 - Thrombocytopenia
 - Disseminated intravascular coagulation
 - Viral infections



Exfoliative Cheilitis

- Scaling and flaking of the lips
- Most cases are examples of factitious cheilitis
- 87% of pts had psychiatric disorders
- 47% of pts abnormal thyroid function
- Other causes: atopy, candidiasis, photosensitivity, hypervitaminosis A, cheilitis glandularis

Exfoliative Cheilitis

- Mostly women < 30 years
- Dryness, scaling, cracking, hyperkeratotic crust
- Perioral involvement (vs. perioral dermatitis)
- Treatment
 - Psychotherapy with or without medications
 - Antifungals if appropriate
 - Antifungal and antibiotic combination
 - Cryotherapy

