

RECURRENT ORAL ULCERATION

What is recurrent oral ulceration?

Recurrent oral ulceration is a term used to describe small mouth ulcers which typically last a few days but come back every few weeks or months. Typically they affect the tongue, lips and cheeks, but any part of the mouth can get ulcers. They are very common, often starting in childhood. About two in every three people have been affected with recurrent oral ulceration at some time in their lives.

What causes them?

Although the cause of the most common type of recurrent oral ulceration is unknown there are lots of reasons why people can get other types of ulcers in their mouths. Some ulcers can be related to low levels of iron or vitamins in the blood. Rarely ulcers can be associated with skin or stomach problems.

What will happen to me?

If you describe a burning sensation in your mouth you will be examined thoroughly to make sure another medical or dental cause is not responsible. Some blood tests may be arranged for you to look for such a possible cause. Sometimes people get worried that they may have mouth cancer. This is quite a common anxiety of people with burning mouth syndrome. Carrying out a thorough examination and any necessary tests will enable your doctor to reassure you that all is normal with no signs of cancer.

How can I tell whether my mouth ulcers are related to another problem?

Your doctor will ask you about your general health and ask you questions about whether you have noticed any problems with your skin or stomach. You will also be asked if you have noticed ulcers anywhere else on your body. If you have mouth ulcers, blood tests are usually taken to check if they are the result of another medical condition. However, the majority of people with mouth ulcers have completely normal blood tests.

Is there any treatment for the mouth ulcers?

Because mouth ulcers are so common, their treatment has been studied by lots of scientists. There are a wide variety of treatments available all of which probably make the ulcers go away more quickly and feel less painful but do not prevent the next crop of ulcers from occurring. Mouthwashes (e.g. Chlorhexidine, Benzdiarnin) can be used. Similarly weak steroids in the form of pastes, dissolving tablets or mouthwashes can sometimes help.

Are mouth ulcers dangerous?

No. They are not infectious and cannot be passed on to others. Typical recurrent oral ulcers are never related to cancer.



Will I get better?

Recurrent oral ulceration often gets better with age. We are not sure why but people often grow out of mouth ulcers by their 30s or 40s. However they can disappear sooner or carry on for longer in some people.

But I thought vitamins cured them !

Only 10% of recurrent oral ulcers are caused due to certain haematinic / vitamins deficiency. 90% go away with or without vitamins any way after some days. Taking vitamins without blood level checks is a pure waste in 90% of cases of APTHOUS (Common name for recurrent oral ulceration).

Oral & Maxillofacial Surgery is the last of the nine disciplines of the Senate of Surgical Specialties of the Royal Colleges. It was formally included in 1994.

Maxillofacial Surgeons are the specific experts on the diseases affecting the mouth, face, jaw, and neck. As a result of their unique dual training they are best equipped to diagnose and treat symptoms, pathology, deformity and trauma affecting this complex area in a comprehensive manner.

There is an extensive overlap of domain with Plastic and ENT Surgery Thus it becomes prudent to create patient awareness about the pervious of the rich and growing speciality of Oral & Maxillofacial Surgery.

Here are some of the surgeries performed by our team at Kolkata over last few years. We hope the pictures would be self-explanatory.

Who would need to see a Maxillofacial Surgeon?

- Individuals who have suffered any facial injury due to a punch or a fall or a major road traffic accident. And also those seeking corrective surgery for deformities arising out of untreated old injuries.
- Individuals requiring changes of the way their faces look. The commonest facial deformities are prominent or too receding Jaws (upper/lower). These groups of people also suffer from abnormality of the way their teeth meet.
- Individuals suffering from jaws joint pain, clicking, locking and inability to open the mouth. Most common chronic facial painful conditions are jaw joint related.
- Any one noticing a lump or bump on the face, the jaw or on the neck just below the jaw. Also lumps, bumps, ulcers, red or white or patches inside the mouth need attention of a Maxillofacial Surgeon only.
- Any one suffering from localized or spreading infection of mouth, face or neck.
- Individuals who need removal of wisdom teeth and those looking for dental implants.



- Individuals having underlying medical conditions like heart, liver or kidney problems, diabetes, neurological conditions etc. and requiring dental extraction under special care.
- Individuals requiring surgery for any jaw cyst or tumour.
- Any one waiting to have their oral screening for cancer or pre-cancerous conditions and ones diagnosed to be cancer of the mouth.
- Children with birth defects of face and mouth including cleft lip and palate.

All enquiries and appointments 98300 80174/ 9903985845

Courtesy: BAOMS Patients Information Leaflet

