Original Article

Publication History:
Published 1/1/2021

DOI:
10.5281/zenodo.4447177

PREVALENCE OF MOUTH ULCERS AMONG THE PATIENTS PRESENTING IN THE OUTDOOR DEPARTMENT

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ABSTRACT:
A mouth ulcer is an ulcer that occurs on the mucous membrane of the oral cavity. Mouth ulcers are common, occurring in association with many diseases and by many different mechanisms, but usually there is no serious underlying cause. This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, presence of oral ulcers and their severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 80 patients presenting in the outdoor department were included in this study i.e., 40 males (50%) and 40 females (50%). The mean age of the patients was 31.23±5.23 years. Out of these patients, eleven patients presented with oral ulcers, mild to moderate in nature. Further workup was advised accordingly.

Keyword: Mouth Ulcers

Cite this article as:

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INTRODUCTION:
A mouth ulcer is an ulcer that occurs on the mucous membrane of the oral cavity. Mouth ulcers are common, occurring in association with many diseases and by many different mechanisms, but usually there is no serious underlying cause. The two most common causes of oral ulceration are local trauma (e.g. rubbing from a sharp edge on a broken filling or braces, biting one's lip, etc.) and aphthous stomatitis ("canker sores"), a condition characterized by recurrent formation of oral ulcers for largely unknown reasons. Mouth ulcers often cause pain and discomfort and may alter the person's choice of food while healing occurs (e.g. avoiding acidic, sugary, salty or spicy foods and beverages). They may form individually or multiple ulcers may appear at once (a "crop" of ulcers). Once formed, the ulcer may be maintained by inflammation and/or secondary infection. Rarely, a mouth ulcer that does not heal may be a sign of oral cancer.

An ulcer is a break in the skin or mucous membrane with loss of surface tissue and the disintegration and necrosis of epithelial tissue. A mucosal ulcer is an ulcer which specifically occurs on a mucous membrane. An ulcer is a tissue defect which has penetrated the epithelial-connective tissue border, with its base at a deep level in the submucosa, or even within muscle or periosteum. An ulcer is a deeper breach of epithelium compared to an erosion or excoriation, and involves damage to both epithelium and lamina propria. An erosion is a superficial breach of the epithelium, with little damage to the underlying lamina propria. A mucosal erosion is an erosion which specifically occurs on a mucous membrane. Only the superficial epithelial cells of the epidermis or of the mucosa are lost, and the lesion can reach the depth of the basement membrane. Erosions heal without scar formation.

Excoriation is a term sometimes used to describe a breach of the epithelium which is deeper than an erosion but shallower than an ulcer. This type of lesion is tangential to the rete pegs and shows punctiform (small pinhead spots) bleeding, caused by exposed capillary loops. Aphthous stomatitis and
local trauma are very common causes of oral ulceration; the many other possible causes are all rare in comparison. (1-3).

**MATERIAL AND METHODS:**
This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, presence of oral ulcers and their severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

**RESULTS:**
A total of 80 patients presenting in the outdoor department were included in this study i.e., 40 males (50%) and 40 females (50%). The mean age of the patients was 31.23±5.23 years. Out of these patients, eleven patients presented with oral ulcers, mild to moderate in nature. Further workup was advised accordingly.

**DISCUSSION:**
The exact pathogenesis is dependent upon the cause. Ulcers and erosions can be the result of a spectrum of conditions including those causing auto-immune epithelial damage, damage because of an immune defect (e.g., HIV, leukemia, infections e.g. herpes viruses) or nutritional disorders (e.g., vitamin deficiencies). Simple mechanisms which predispose the mouth to trauma and ulceration are xerostomia (dry mouth – as saliva usually lubricates the mucous membrane and controls bacterial levels) and epithelial atrophy (thinning, e.g., after radiotherapy), making the lining more fragile and easily breached.:7 Stomatitis is a general term meaning inflammation within the mouth, and often may be associated with ulceration.
Pathologically, the mouth represents a transition between the gastrointestinal tract and the skin, meaning that many gastrointestinal and cutaneous
conditions can involve the mouth. Some conditions usually associated with the whole gastrointestinal tract may present only in the mouth, e.g., orofacial granulomatosis/oral Crohn’s disease.

Similarly, cutaneous (skin) conditions can also involve the mouth and sometimes only the mouth, sparing the skin. The different environmental conditions (saliva, thinner mucosa, trauma from teeth and food), mean that some cutaneous disorders which produce characteristic lesions on the skin produce only non specific lesions in the mouth. The vesicles and bullae of blistering mucocutaneous disorders progress quickly to ulceration in the mouth, because of moisture and trauma from food and teeth. The high bacterial load in the mouth means that ulcers may become secondarily infected. Cytotoxic drugs administered during chemotherapy target cells with fast turnovers such as malignant cells. However, the epithelia of the mouth also has a high turnover rate and makes oral ulceration (mucositis) a common side effect of chemotherapy.

Erosions, which involve the epithelial layer, are red in appearance since the underlying lamina propria shows through. When the full thickness of the epithelium is penetrated (ulceration), the lesion becomes covered with a fibrinous exudate and takes on a yellow-grey color. Because an ulcer is a breach of the normal lining, when seen in cross section, the lesion is a crater. A “halo” may be present, which is a reddening of the surrounding mucosa and is caused by inflammation. There may also be edema (swelling) around the ulcer. Chronic trauma may produce an ulcer with a keratotic (white, thickened mucosa) margin. Malignant lesions may ulcerate either because the tumor infiltrates the mucosa from adjacent tissues, or because the lesion originates within the mucosa itself, and the disorganized growth leads to a break in the normal architecture of the lining tissues. Repeat episodes of mouth ulcers can be indicative of an immunodeficiency, signaling low levels of immunoglobulin in the oral mucous membranes. Chemotherapy, HIV, and mononucleosis are all causes of immunodeficiency/immunosuppression with which oral ulcers may become a common manifestation. Autoimmunity is also
a cause of oral ulceration. Mucous membrane pemphigoid, an autoimmune reaction to the epithelial basement membrane, causes desquamation/ulceration of the oral mucosa. Numerous aphthous ulcers could be indicative of an inflammatory autoimmune disease called Behçet's disease. This can later involve skin lesions and uveitis in the eyes. Vitamin C deficiency may lead to scurvy which impairs wound healing, which can contribute to ulcer formation (4-6).

REFERENCES:


