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Oral ulceration and vesiclobulus lesions

Magdy K K Hamam

King Saud University, KSA

The oral cavity is a mirror of systemic conditions. A clinician attempting to diagnose an ulcerative or vesiculobullous disease of the mouth is confronted with the fact that many diseases have a similar clinical appearance. The oral mucosa is thin, causing vesicles and bullae to break rapidly into ulcers and ulcers are easily traumatized from teeth and food and they become secondarily infected by the oral flora. These factors may cause lesions that have a characteristic appearance on the skin to have a non-specific appearance on the oral mucosa. Mucosal disorders may occasionally be correctly diagnosed from a brief history and rapid clinical examination, but this approach is most often insufficient and leads to incorrect diagnosis and improper treatment. The history taking is frequently underemphasized, but, when correctly performed, it gives as much information as does the clinical examination. A detailed history of the present illness is of particular importance when attempting to diagnose oral mucosal lesions. A complete review of systems should be obtained for each patient, including questions regarding the presence of skin, eye, genital and rectal lesions. Questions should also be included regarding symptoms of diseases associated with oral lesions, that is, each patient should be asked about the presence of symptoms such as joint pains, muscle weakness, dyspnea, diplopia and chest pains. The clinical examination should include a thorough inspection of the exposed skin surfaces and the diagnosis of oral lesions requires knowledge of basic dermatology because many disorders occurring on the oral mucosa also affect the skin. So, this talk includes definitions, classifications, clinical features, pathogenesis, differential diagnosis, treatment and new trends.

mkkhaled58@hotmail.com

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