

Classification of Physical Trauma Injuries of Oral Mucosa

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Description

Physical and chemical lesions of the oral cavity are usually found during routine examinations as the mouth cavity is constantly subjected to trauma and chemical irritants. Thrombotic occlusion, sharp occlusal architecture, acidic and alkaline goods or medications, and food or drink at different temperatures are only a few examples. This activity examines the diagnosis and treatment of physical and chemical diseases of the oral mucosa, emphasising the importance of a multi-disciplinary approach in assessing and treating patients with these illnesses.

Physical Injuries of Oral Mucosa

Physical trauma injuries of oral mucosa can be classified as linea alba (white line), chronic biting (morsicatio buccarum), epulis fissuratum, inflammatory papillary hyperplasia, denture stomatitis, traumatic ulcers, recurrent aphthous stomatitis, nicotine stomatitis (smoker's palate), lip-licking dermatitis, traumatic fibroma, and trauma associated with sexual practise. Linea alba (white line) occurs at the level of the occlusal line of the teeth. Occlusal injuries of the posterior teeth are the most common cause of lesions, which are caused by the patient's parafunctional cheek sucking. Sucking causes friction between buccal tubercles and irritates the buccal mucosa by applying pressure. There is no need for therapy as in few cases the white streak will go away on its own. On the other hand, extremely sharp-edged teeth can be fixed.

Chronic biting (morsicatio buccarum) is frequently linked to psychologically stressed patients due to continuous biting of the oral mucosa. Patients with parafunctional buccal mucosa, lips, and tongue bite till superficial epithelium wear and wound development are purposefully delayed. Treatment is usually unnecessary, but it is advised to break the habit. An acrylic splint can be constructed on the occlusal surface of the teeth, which is accepted as a precancerous lesion. Epulis fissuratum is most commonly caused by the two etiological factors that are trauma and inflammation. It's caused by the body's reaction to persistent irritation and damage from a poorly fitting partial or total prosthesis. Surgical excision and the creation of a new denture that is appropriate for the newly developed mucosal contours are part of the treatment.

Inflammatory papillary hyperplasia is mostly like developed in patients with detachable upper dentures. It can, however, be detected in normal maxillary teeth rarely. Other factors include lack of sleep, insufficient denture flange edges, poor dental hygiene practises, allergic reactions to denture liners, cigarette misuse, senility, and a variety of systemic reactions. These dentures are frequently old, ill-fitting, and constantly

worn. Surgical excision and the creation of a replacement denture are part of the treatment. Supra-periosteal excision, the bladeloop approach, or electrosurgery with or without soft tissue grafts, cryosurgery, and laser surgery have all been prescribed. Denture Stomatitis is either caused by mechanical irritation from dentures or a tissue reaction to microorganisms living beneath the dentures. Denture fit, oral hygiene, topical or systemic antifungals, and tissue disinfection can all be improved with diode laser irradiation. To avoid the adverse effects and consequences of systemic medicines, a more conservative approach to the use of mouth rinses was recommended in the treatment of denture stomatitis.

Traumatic ulcers are possibly caused due to accidental mucosal biting, sharp edges of prosthetics, sharp or pointed food, orthodontic therapy, lip biting following injection of local anaesthetic solutions, new born teeth, or improper tooth brushing. Iatrogenic injury can occur during dental procedures, resulting in the creation of traumatic ulcers. Some medical treatments, such as invasive intubation for general anaesthesia, ENT operations, endoscopic interventions, and iatrogenic damages might result in the formation of oral ulcers. Almost always, traumatic ulcers heal spontaneously and without any consequences in short span of time. Continuous trauma resulting from the above-mentioned can cause to develop chronic ulcers in case of persistent traumatic factors such as the existence of sharp tooth morphology, cutting edges of restorations, and puncturing appliance shapes, notably inadequate surfaces of detachable prostheses.

Recurrent Aphthous Stomatitis (RAS) is a complex illness, and a thorough investigation of RAS history might reveal the underlying cause. Oral mucosa that isn't keratinized is the most commonly impacted. Trauma allergies, genetic predisposition, endocrine abnormalities, mental stress, and haematological deficits are all known predisposing factors. Lesion duration, frequency, and recurrence can all be reduced with anti-inflammatory coverage and a reduction in function. Antibiotics, local analgesics, glucocorticoids, astringents, hyaluronic acid gel, and low-level laser therapy are among the most popular therapies. Traumatic fibroma affects the tongue, buccal mucosa, and lower labial mucosa. The production of fibromas, which are accompanied by granulation and scar tissue, is triggered by the recurrent repair process. Fibroma is a fibrous submucosal tumour caused by a chronic healing process that includes granulation tissue and scar formation. Recurrence is possible after surgical removal if the repetitive trauma element is not addressed. Otherwise, lesions do not have a malignant neoplastic feature or a risk of recurrence. Surgical excision is considered for the treatment.