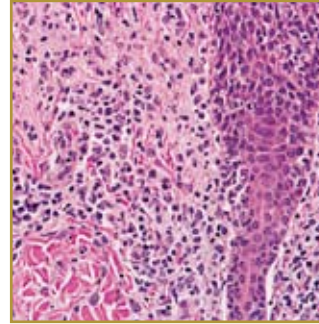


APHTHOUS ULCERS



EPIDEMIOLOGY: Affects about 40% in the United States

ETIOLOGY: Unknown; Development of lesions can occur after trauma, salivary gland dysfunction, stress, genetic predisposition, infection, GI disorder, nutrition deficiency, systemic disorder, food allergy or hyper sensitivity, hormonal fluctuations and chemical exposure

PATHOGENESIS: Tender burning sensation prior to the development of small, shallow lesions inside the mouth

CLINICAL: Small, round, or ovoid ulcers with circumscribed margins, erythematous haloes, and yellow or gray floors

HISTOLOGY: Initially mononuclear infiltrate, then neutrophilic infiltrate from secondary bacterial infection

APHTHOUS ULCERS, also known as canker sores or aphthous stomatitis, are characterized by small lesions that develop in the mouth under the tongue, inside the cheeks or lips and at the base of the gums. The cause of aphthous ulcers remains unclear, though researchers believe a combination of factors contributes to the development of the sores. These factors include a faulty immune system, minor injuries, allergic response, helicobacter pylori (also causes peptic ulcers), nutrition deficiency, celiac disease, inflammatory bowel syndrome (IBS), Behcet's disease, HIV/AIDS, food allergies or hypersensitivity, hormonal shifts during menstruation, emotional stress or toothpaste and mouthwashes containing sodium lauryl sulfate. Treatment for minor sores are not necessary as the sores tend to go away after about a week or two. Larger canker sores tend to be painful, therefore lesions often need medical care. Treatment options range from mouth rinses to topical ointments to systemic corticosteroids for the most severe type of cases.

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