

The Oral Erosions and Ulcerations in Dermatology

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ARTICLE INFO

Article history:

Received: 21 December 2015;

Received in revised form:

13 May 2016;

Accepted: 18 May 2016;

Keywords

Erosion,
Ulceration-
Oral Mucosa,
Dermatology.

ABSTRACT

To determine the epidemiology, clinical manifestations, etiology, treatment and clinical course of oral ulcerations and erosions in these patients in order to improve their therapeutic management. A prospective study for a period of one year, including patients with oral ulcers. We mainly studied the circumstances of appearance of harm and the delay of consultation, Semiological characteristics of lesions, association with other dermatological or not dermatological signs, etiological features, therapeutic and evolutionary patterns of these diseases. 33 patients (21 women, 12 men) with oral erosions and / or ulcers were included; their mean age of 47.5 years. The diagnosis was an auto-immune bullous dermatosis, in 15 cases (45.4%). Behçet's disease and recurrent aphthous stomatitis in 8 cases (24.2%). A drug eruption in 7 cases and, a systemic disease in 3 cases (9.1%). Oral lesions were apparent between 2 days and 20 years. The most common sites were the endo-jugal region and the inner surface of the lips, each present. The oral health status was poor in most patients (80.6%). Favored treatment of systemic corticosteroids in 18 patients (54.5%) including five patients with auto-immune bullous dermatosis, followed by topical steroids in 17 patients (51.5%), azathioprine was used in 9 cases (27.3%), particularly in the PV (8/11) and colchicine has been prescribed in 5 patients (15.2%) of which 3 with Behçet's disease. Other comparative studies of favoring factors to appear the oral erosions and ulcers as well as their long-term evolution would bring added value to the management of these patients.

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Introduction

The erosion and ulceration are elementary lesions whose causes are primarily oriented by history and clinical examination. They are a frequent reason for consultation in common. Many biological scientists and medical specialties that dermatology has an important place. These ulcerations of the oral mucosa may be as much a sign of a local disease or a symptom process if or in addition to the clinical presentation of a dermatological or systemic disease. They thus require the practitioner to know the entire clinical and environmental context for the implementation of the best possible treatment depending on the pathology.

The objective of the study

The objective of the study is to determine the epidemiological characteristics, clinical manifestations, etiology, treatment and evolution in a prospective series of patients with erosions and / or oral ulcers.

Materials and methods

We conducted a prospective study of inpatients or in the dermatology consultation from IbnSina Hospital in Rabat for oral ulcers or erosions. We performed descriptive and analytical statistics using SPSS 13.0 Windows software. For quantitative variables, we calculated the minimum, maximum, mean, standard deviation and median; For qualitative variables we calculated the numbers and percentages of each modality valid.

Results

Thirty-three patients were collected. 21 were female (63.6%) and 12 (36.4%) were male. The average age of patients was 47.5 years with a standard deviation of 17.5. 12.1% of patients had chronic smoking. Oral corticosteroids come in the lead in 8 patients (24.2%) followed by oral antibiotics in 7 patients (21.2%), in 5 cases antiseptics, antifungals in 2 cases, antihistamines in 4 cases of colchicine in 4 cases of thalidomide in one case, an immunosuppressant in 1 case of a local anesthetic in one case and the treatment was not specified in 3 cases. The lesions were evolving in a chronic form in 15 patients (45.5%), acute in 10 patients (30.3%) and recurrent in 8 patients (24.2%). The functional symptoms were present in 29 patients (87.9%). They were kind of pain in 21 cases and type of burning sensation in 15 cases. The lesions were primary in 26 patients (78.8%) and post-secondary bullous in 7 patients (21.2%) of which 6 showed auto-immune bullous dermatosis. The most common sites were the inside of the cheeks and the inside of the lips, each noted in 20 patients (60.6%), followed by the tongue in 14 cases (42.4%). The other lesions were sitting at the vermillion in 11 cases (33.3%), the hard palate in 8 cases (24.2%), floor of the oral and gums in 4 cases (12.1% each), the pharynx in 2 cases (6.1%) and the soft palate in 1 case (3%). 18 patients (54.5%) had at least one other attack mucosa. Anogenital mucosa was most frequently affected with 15 cases, followed by the conjunctiva in 7 cases. The nasal mucosa was achieved in only one patient.

Table 1. Characteristics of patients with drug eruption in our series

Case	Sex	Age	Type drug eruption	functional Rententissement	Offending drug	Evolution
1	M	80	SSJ (figure3)	+++	various	Died
2	F	29	SSJ	+	acetylsalicylic acid	Favorable
3	F	10	SSJ	+++	Phenobarbital	Favorable
4	F	72	SSJ	+	sulfonamides	Favorable
5	M	48	Lyell syndrom	-	sulfonamides	Favorable
6	M	48	Lyell syndrom	+++	Phenobarbital	Died
7	F	63	lichenoid drug eruption	-	Non-steroidal anti-inflammatory drug	Favorable

- : absence; +: Minimal; +++: Very important.

A histological study was performed in 22 patients (66.6%). This was a mucosal biopsy only in 3 cases, skin in 18 cases and two locations in a single patient. Direct immunofluorescence was performed in 10 cases, it was positive only in 4 cases. TzanckCytodiagnosis performed on oral lesions in 8 patients (24.2%) showed the acantholytic cells associated with cytopathic effect for herpes simplex virus (HSV) in one case, single ballooning cells in 2 cases; in these three cases cytopathic effect was due to herpetic superinfection of the underlying pathology. Cytodiagnosis was negative in 4 patients and 1 patient inconclusive. The autoimmune bullous dermatosis are in the lead with 15 cases (45.4%), of which 11 cases were deep pemphigus (figure 1).



Figure 1. Pemphigus Vulgaris: endo-jugale and palatal ulcerations



Figure 2. Behçet's Disease: Oral aphthae herpetiformis



Figure 3. Stevens Johnson syndrome: Sooty cheilitis associated with multiple erosions endobuccales

The second group includes etiological Behçet's disease and idiopathic recurrent aphthoses represented by 8 patients (24.2%) (Figure2). The toxidermia occupy the third position with 7 cases (21.2%) (Table1).

Finally, oral erosions were related a systemic disease in 3 cases (9.1%): 2 dermatomyositis associated with cancer and 1 chronic lupus erythematosus (Table2). Monitoring up was between 0.16 and 15 months with a mean of 4.84 months. During this period, 13 patients (40%) were completely healed their oral lesions, 9 patients (27%) had their lesions in the process of healing, 4 cases (12%) have evolved remitting, 5 patients (15%) were lost to follow up, 2 patients (6%) who experienced severe drug eruption, had died in intensive care following a septic shock (table3).

Table 2. Etiologies of oral erosions and ulcerations

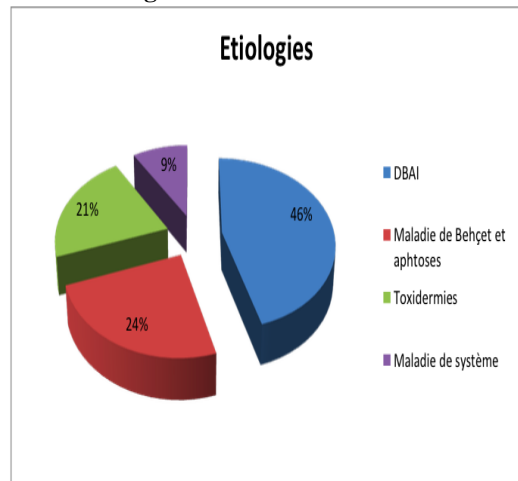
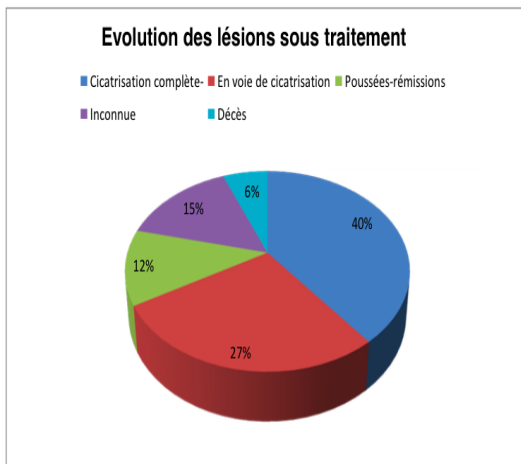


Table 3. Evolution of lesions on treatment

On an analytical study, only the location of the hard palate (8 cases) was significantly different depending the etiology of oral ulcers ($p = 0.024$). She was present in half of the patients in group bullous autoimmune dermatoses (7/15 patients), whereas it was absent in patients with drug eruption or system disease. Lesion size did not influence on the felt of patients. We have not found any correlation between the cause of oral lesions and gender, patient age or functional impairment.

The evolution after treatment differed by diagnosis in patients retained:

- For the group of bullous autoimmune skin diseases: the healing was complete in seven patients out of fifteen and incomplete in the remaining eight patients.
- For the group Drug Eruptions: complete healing was obtained in five patients out of 7, the other two patients died in five days and one month of their hospitalization.
- For aphtoses and Behcet group: 4 patients progressed by remitting and 4 were lost to follow view.
- For the system Diseases Group: Dermatomyositis associated with neoplasia: a patient has healed spontaneously its oral lesions, the evolution was unknown in 2nd case. Chronic Lupus erythematosus: lesions in healing

Discussion

No studies regarding oral erosions and ulcerations has been published to date. Several studies have focused on chronic erosive gingivitis (eg Niesengard and al 1981 Yih and al 1998 Leao and al 2008 Bourgeois and al in 2011, Russo and al in 2009.....)[1][2][3], or mucosal manifestations of a precise pathology. To our knowledge this is the first prospective study interested globally to oral erosions and ulcerations in the dermatology department. Bullous dermatosis autoimmune, especially pemphigus vulgaris, ranks first among the etiologies of these oral lesions in our climate, followed by

aphtoses. Aphthae are common on the oral mucosa, but may be bipolar (orogénitiaux) [2]. Khan et al. 2013 [4], comparing a group of 60 subjects with benign apthosis recurrent with a control group had concluded that the frequency of deficits haematological (hemoglobin, hematocrit, ferritin, folate and vitamin B12) was higher in patients with apthosis. Aynali et al. 2013 [5], concluded in another study including 57 patients with recurrent minor apthosis versus a control group of 45 patients, the vitamin B12 deficiency (unlike that of folate and hemoglobin) could play a role in etiopathogenesis of oral apthosis and vitamin B12 supplementation may be an adjuvant therapy to that of recurrent apthosis. They may precede or accompany other systemic diseases should be sought before concluding idiopathic apthosis [1]. The delay in diagnosis can occur especially when oral lesions are isolated. but also by inaccessibility in the investigations, including direct immunofluorescence. The management should be joint with dental surgeons and stomatologists colleagues especially as the oral hygiene remains defective in our context. Given infectious or inflammatory alterations which do not fail to occur on the buccal mucosa, requires high accuracy in the diagnostic process to clear most of the history and semiotics, by specifying particular aspect of the lesion initial lesion and taking into consideration the changing profile. These and defined, will provide distinct diagnostic guidelines: a chronic ulceration is still suspicious of cancerous nature and always requires a biopsy. whereas an acute oral ulceration is rather suggestive of a traumatic or chemical extrinsic cause but also a viral origin or drug-induced

Conclusion

Other studies of different clinical-epidemiological, paraclinical, therapeutic and evolutionary are necessary to better understand these diseases and bring added value to the management of these patients.

Conflict of interest

None

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