

سرآغاز گفتار نام خداست
که رحمتگر و مهربان، خلق را است

Common Oral Soft Tissue Lesions

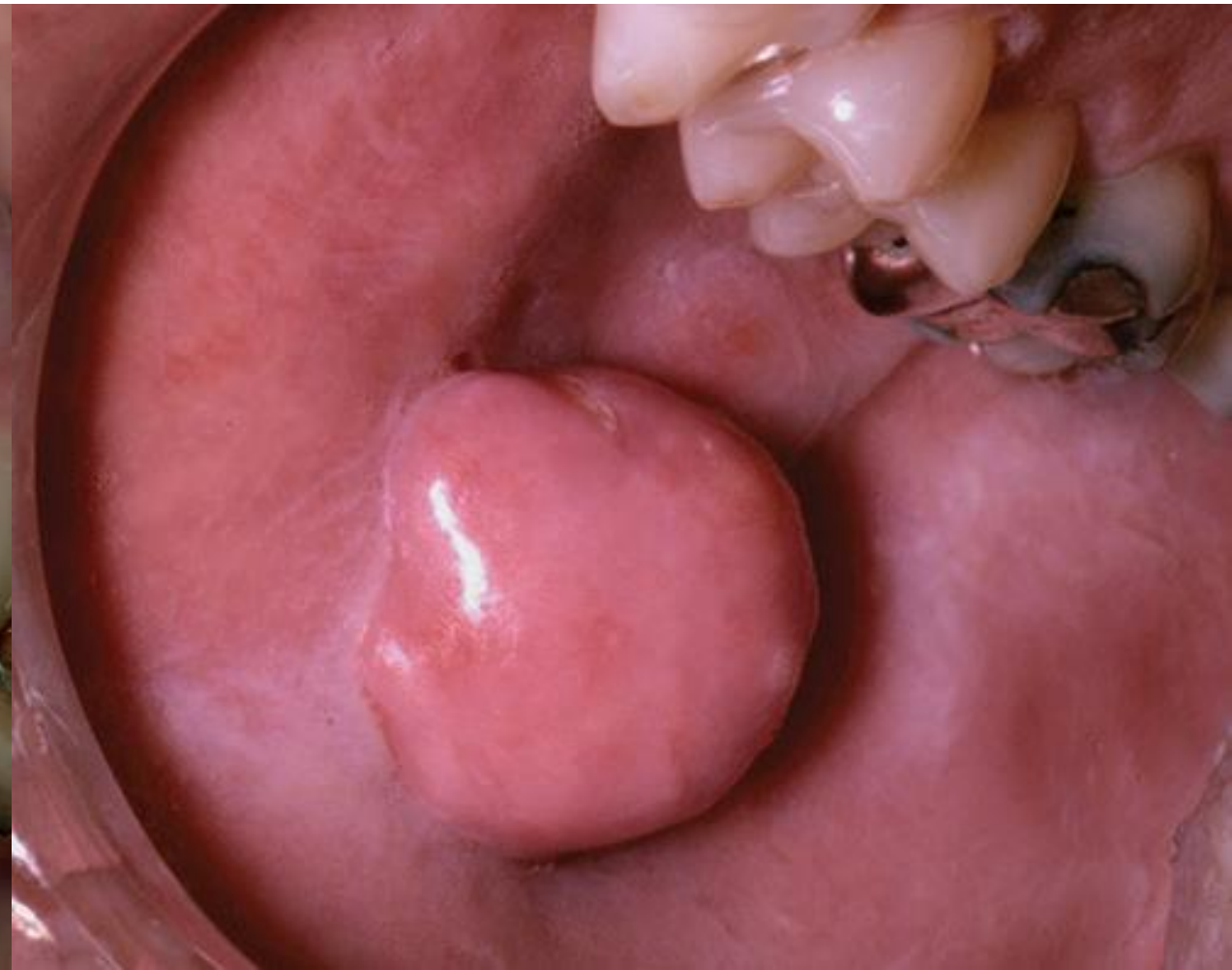
Dr. Farshad Javadzadeh

Oral & Maxillofacial Medicine Specialist

Assistant Professor of Tabriz University of Medical Sciences



Irritation Fibroma



Irritation Fibroma

- Most common tumor-like soft tissue lesion
- Most common along the bite line of the buccal mucosa
- Usually painless
- Nodule, Labial mucosa, gingiva, and lateral border of the tongue
- Soft to firm nodular growth that is similar in color to the adjacent mucosa.
- Middle-aged adults
- Conservative surgical excision







Epulis Fissuratum



Epulis Fissuratum

- Epulis Fissuratum (Inflammatory Fibrous Hyperplasia; Denture Epulis)







Pyogenic Granuloma

- Chronic Irritation
- Pregnancy tumor, estrogen hormone
- Women
- Pedunculate nodule
- Gingiva
- Hemangioma
- SCC



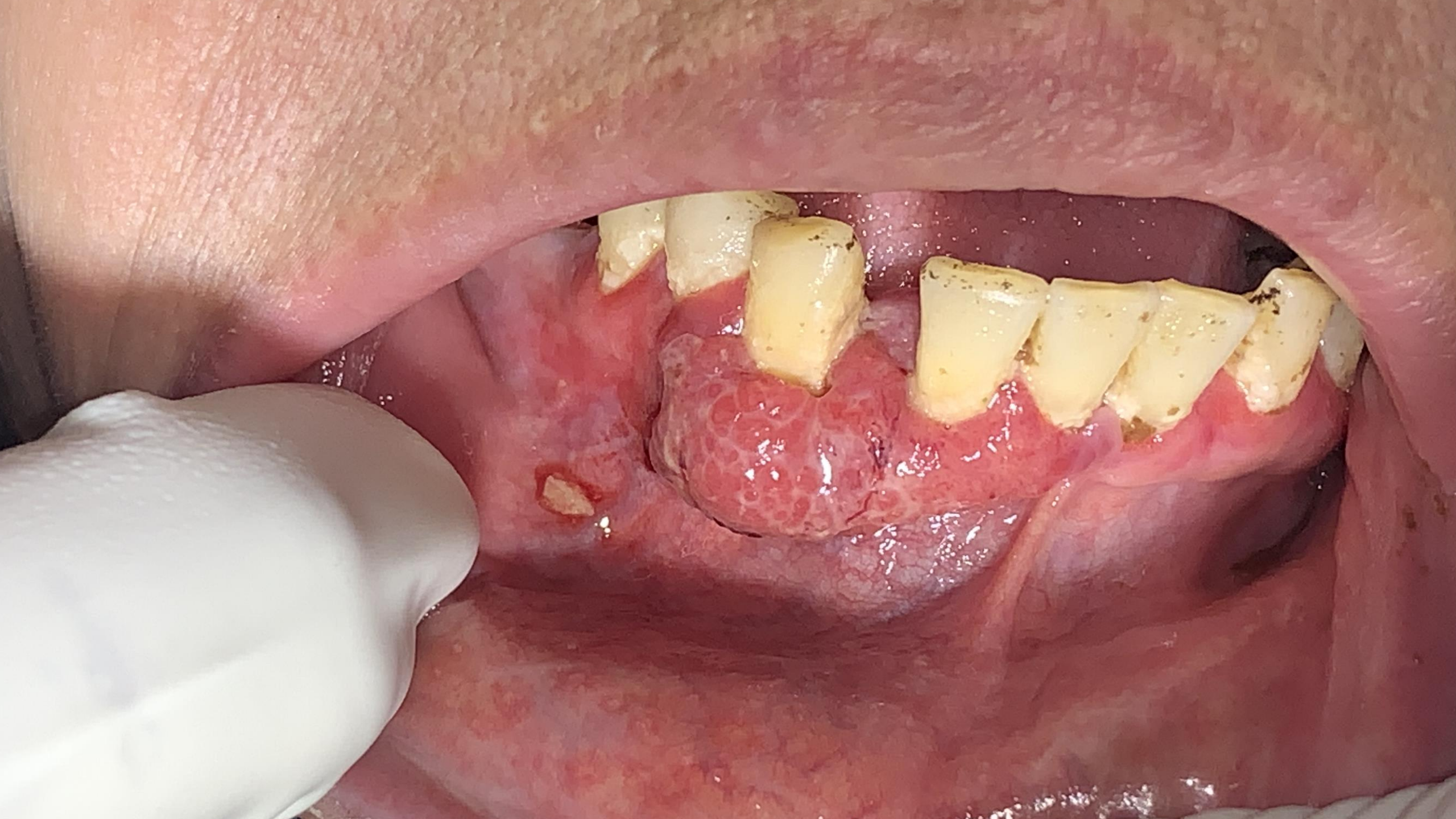












Peripheral Giant Cell Granuloma (PGCG)

- Trauma
- Central Giant Cell Granuloma (CGCG) 1-5



Peripheral Ossifying Fibroma

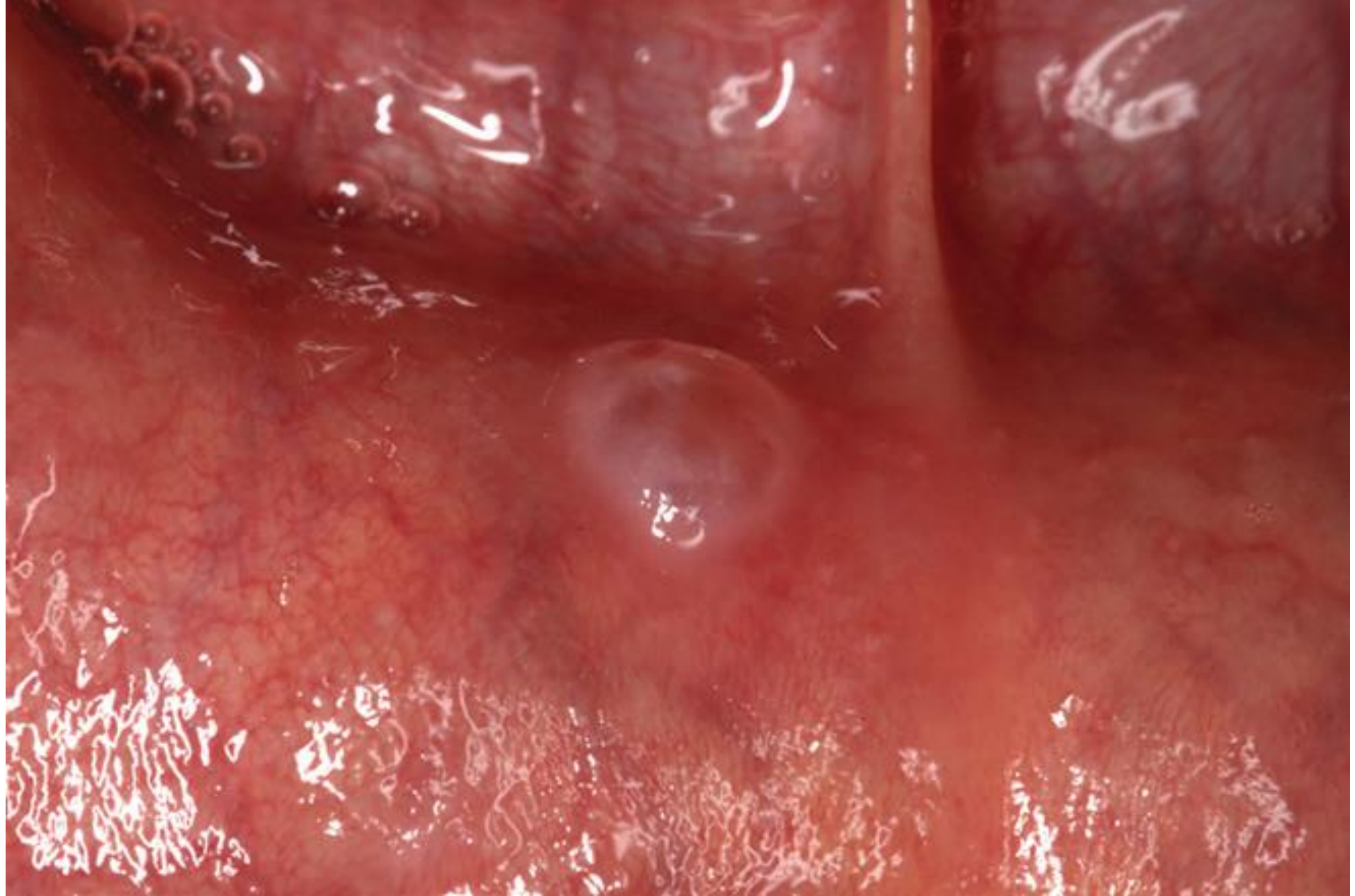
- Trauma
- Women
- Gingiva





Mucocele







Extravasation
type

Retention
type

Mucocele



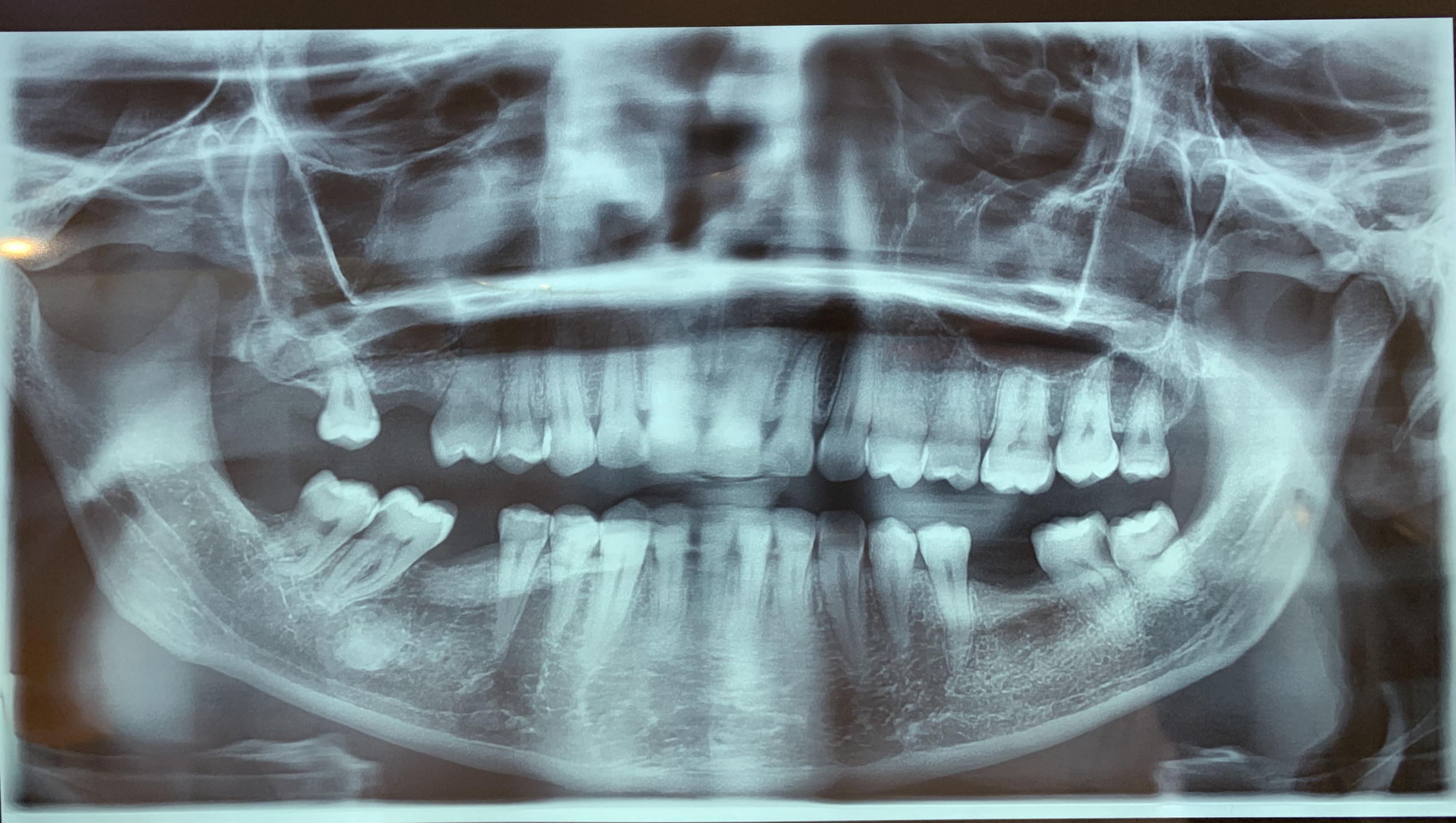
Ranula

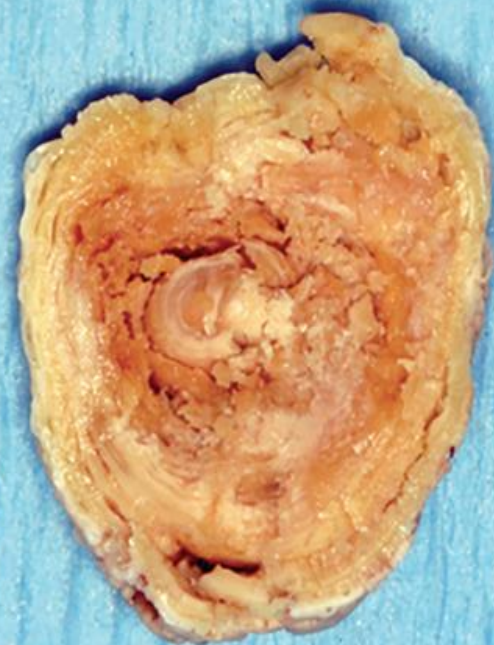
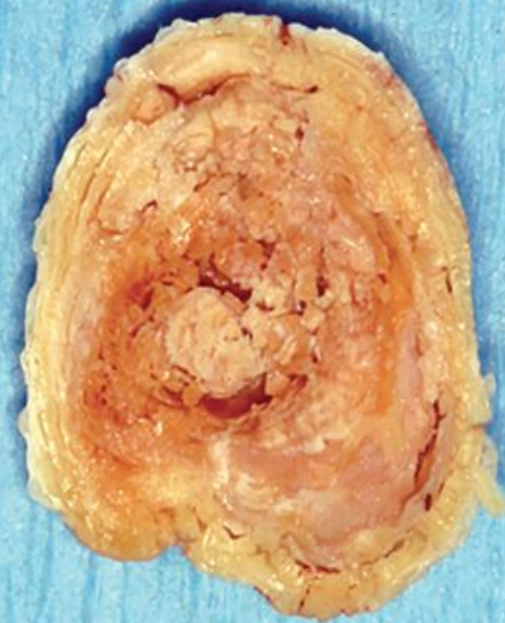












Aphthus Ulcer



Etiology

- Increase immune response
- Genetics
- Hematologic problems
- Immunologic problems
- Trauma
- Stress

Aphthous like ulcers

- 1) Celiac disease
- 2) Autoimmune disease caused by intolerance to gluten
- 3) Childhood periodic fever syndromes such as periodic fever, aphthosis, pharyngitis and adenopathy (PFAPA) syndrome

Oral Findings

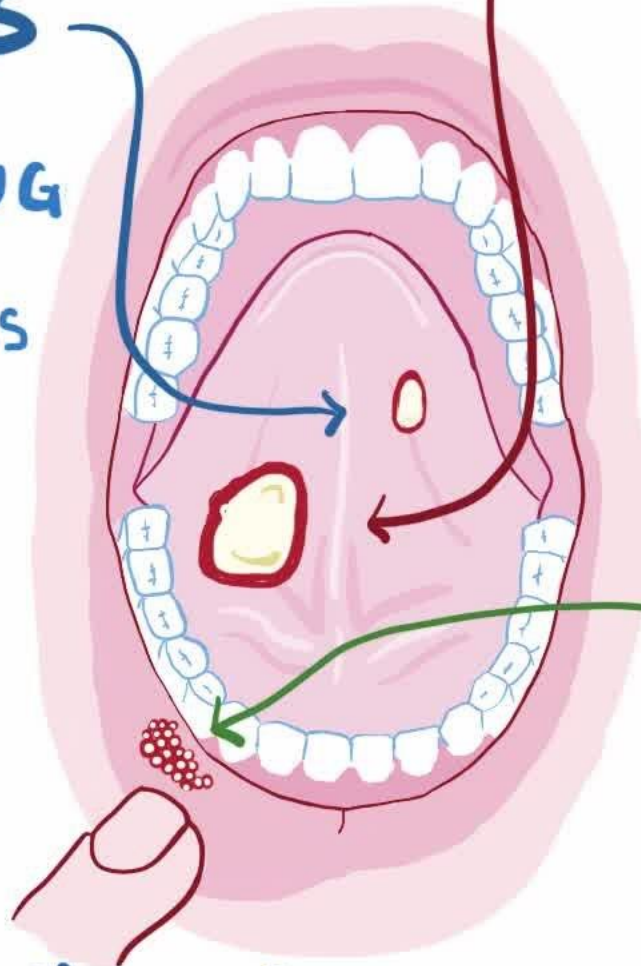
- Second decade of life
- Prodromal burning from 2 to 48 hours before
- Erythema, papule, ulcer
- Round-to-ovoid, symmetric, and shallow (similar to viral ulcers), but no tissue tags
- The buccal and labial mucosae are most commonly involved. Lesions rarely occur on the heavily keratinized palatal mucosa or gingiva.

APHTHOUS ULCERS

- * mildly painful, Annoying
- * a FEW millimeters across
- * HEAL in 7-10 days
↳ no SCARRING
- * RECUR (usually)
3-4 times a year

RECURRENT APHTHOUS ULCERS

- * may recur MONTHLY
- * CHILDHOOD to ~AGE 40



MAJOR APHTHOUS ULCERS

- * lesions $> 1\text{ cm}$
- * MORE painful
- * recur FREQUENTLY
- * 10-30 days to HEAL
↳ can SCAR

↙ NOT LINKED TO HERPES

HERPETIFORM ULCERS

- * typically affects ♀
- * tiny, discrete ulcers
that coalesce into
ULLERATED PATCHES
- * HEAL in ~10 days
- * recur FREQUENTLY

- **Laboratory tests should be ordered**

- 1) when episodes of RAS become more severe
- 2) begin past the age of 25
- 3) are accompanied by other signs and symptoms

Laboratory tests

- CBC
 - Fer,TIBC,SI
 - ZINC
 - FOLATE
 - VIT B12
 - VIT D
-
- CD400 less than 100.....Major Ulcers

Biopsy Need

- Crohn disease
- Sarcoidosis
- Pemphigus & Pemphigoid

Treatment

- Corticosteroids
- Lidocaine
- Pentoxifylline
- Dapsone
- Thalidomide











Erythema Migrans







White sponge nevus





Erythema Multiforme



Erythema Multiforme

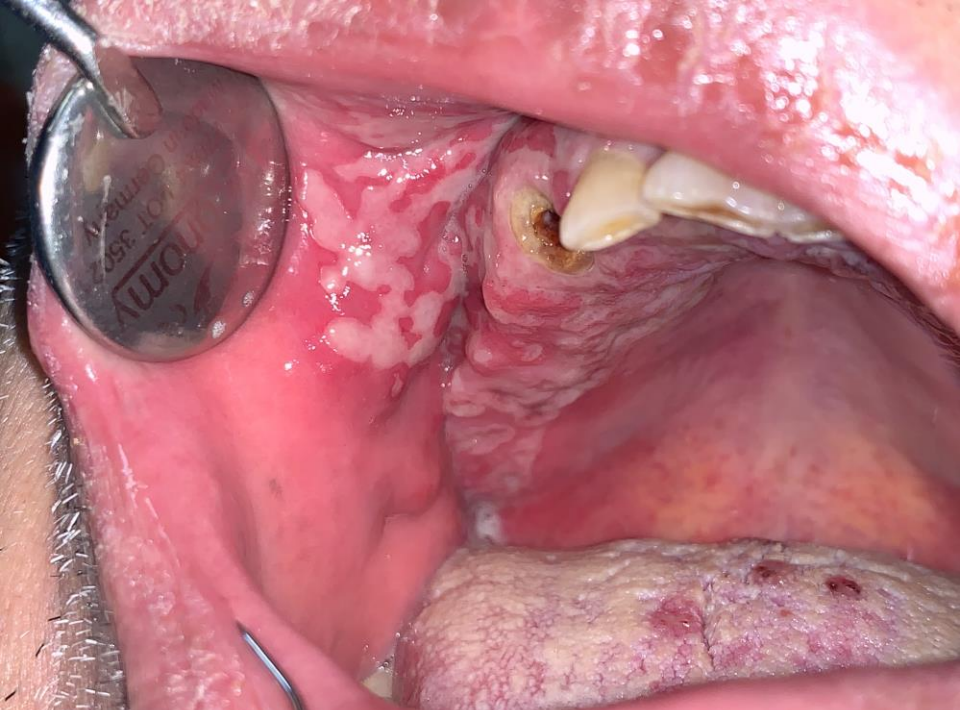
- Acute Hypersensitivity
- Self limith
- Skin & mucosa
- Minor & Major

Ethiology

- HSV infection
- NSAIDS
- Anticonvulsants
- Anti hypertension
- Amoxicillin
- Tetracycline

Findings

- fever, malaise, headache
- sore throat, rhinorrhea, and cough
- Macule, papule
- Primarily in the hands and moving centripetally toward the trunk in a symmetric distribution
- Target lesion, Iris lesion





Treatment

- Systemic or topical analgesics
- Systemic corticosteroids
- Anti viral drugs
- Azathioprine
- Dapsone, hydroxychloroquin,
- Mycophenolate mofetil, colchicines,
- Methotrexate, and intravenous immunoglobulin

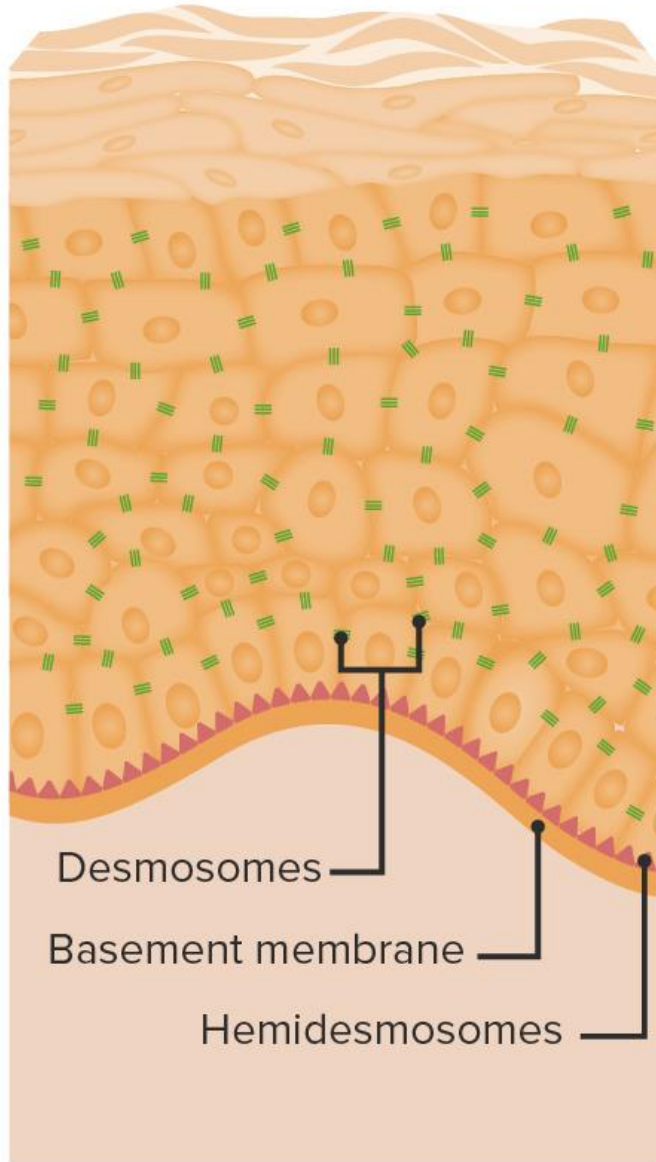
Pemphigus Vulgaris



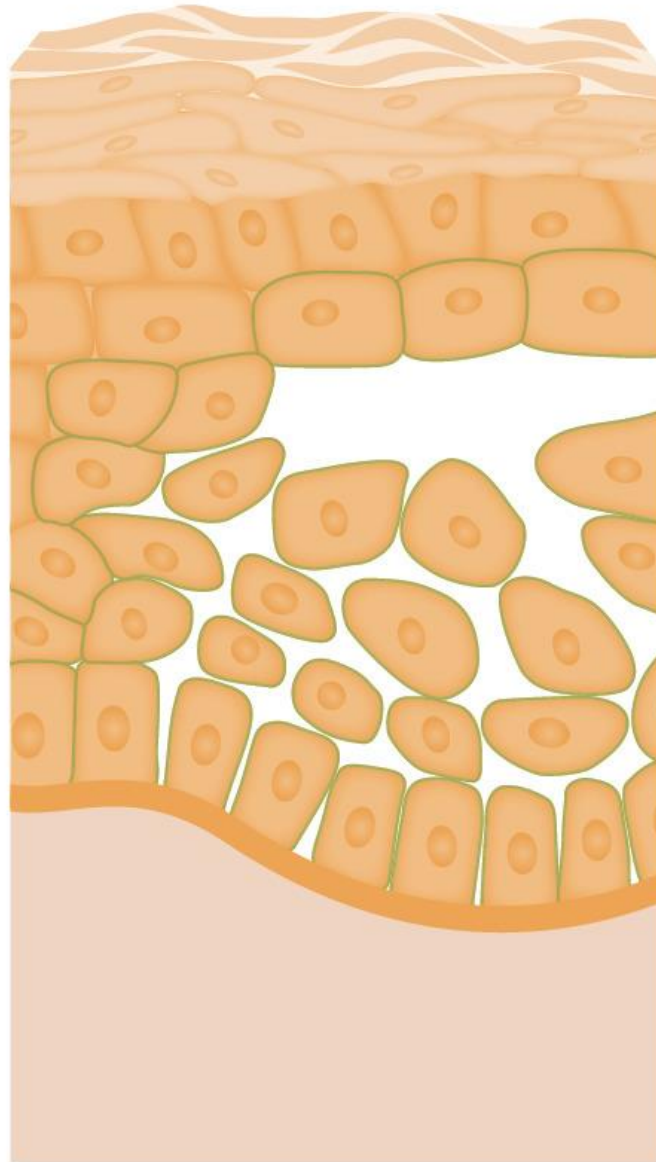
Ethiology

- Genetics
- Environment
- Virus
- Nutrition
- Stress
- Drugs

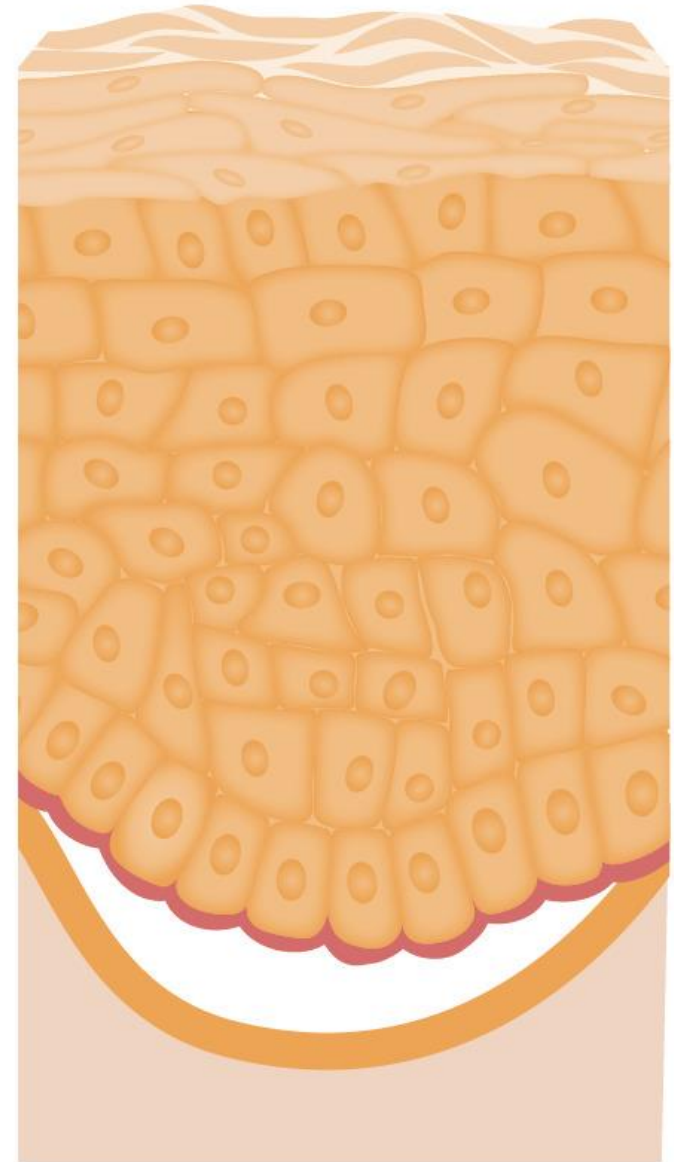
A Normal skin



B Pemphigus vulgaris



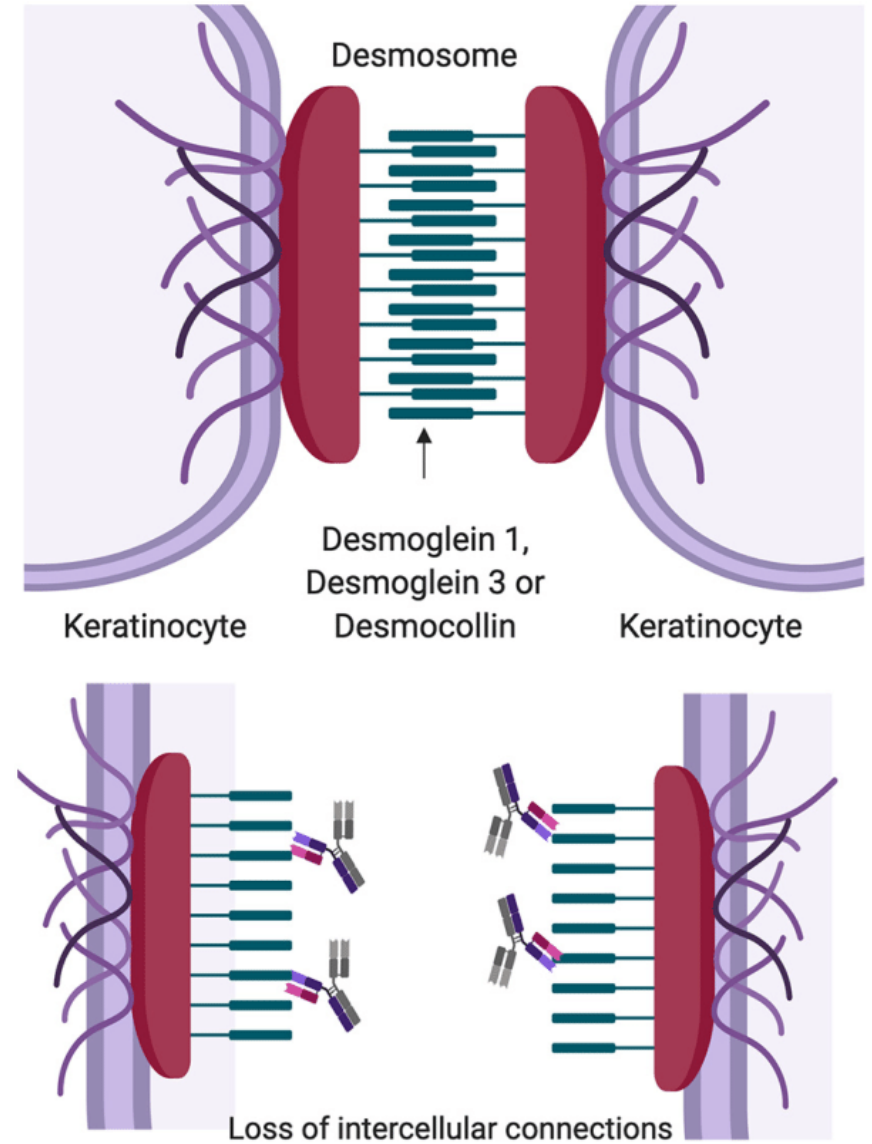
C Bullous pemphigoid



- Antibody to desmosomal proteins
- Antibody to hemidesmosomal proteins

Pathology

- Ig G & Ig A
- Anti Dsg1 & Dsg3



Clinical findings

Bulls

Nikolsky sign

Multiple erosions

Buccal mucosa

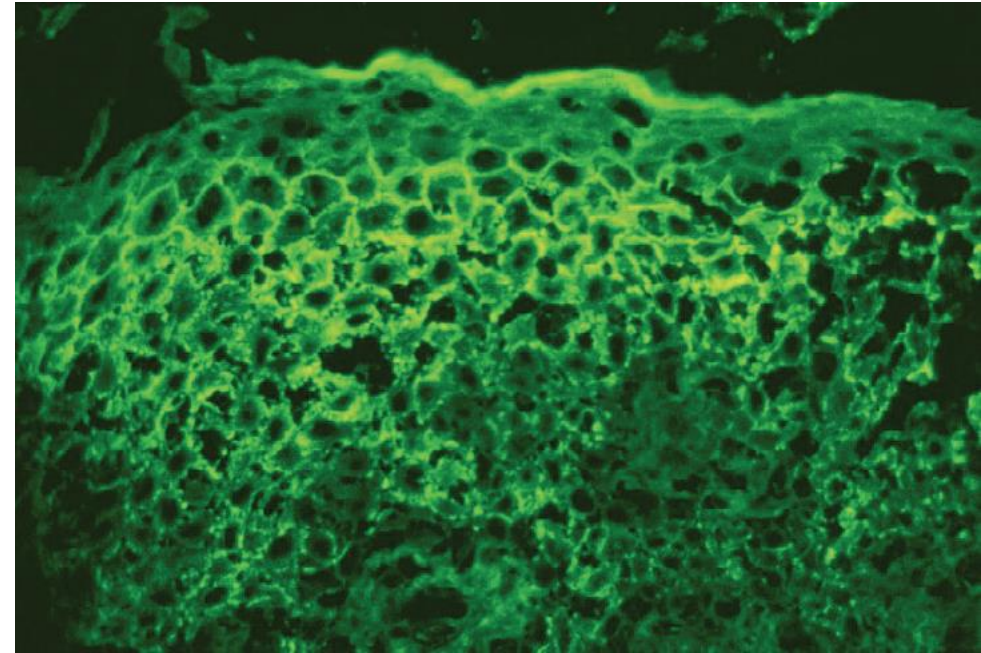
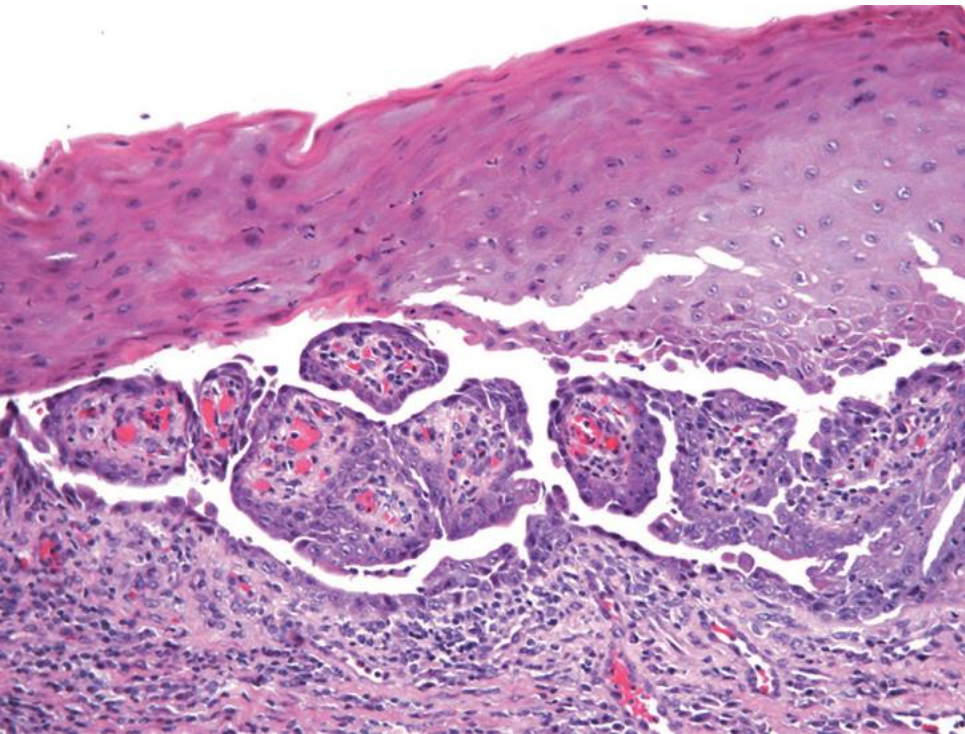
Desquamative gingivitis





Diagnosis

- Conventional Biopsy
- Biopsy for Direct Immunofluorescence
- Serum Indirect Immunofluorescence



Treatment

- Corticosteroids
- Mycophenolate
- Azathioprine
- Cyclophosphamide
- IVIG
- Rituximab

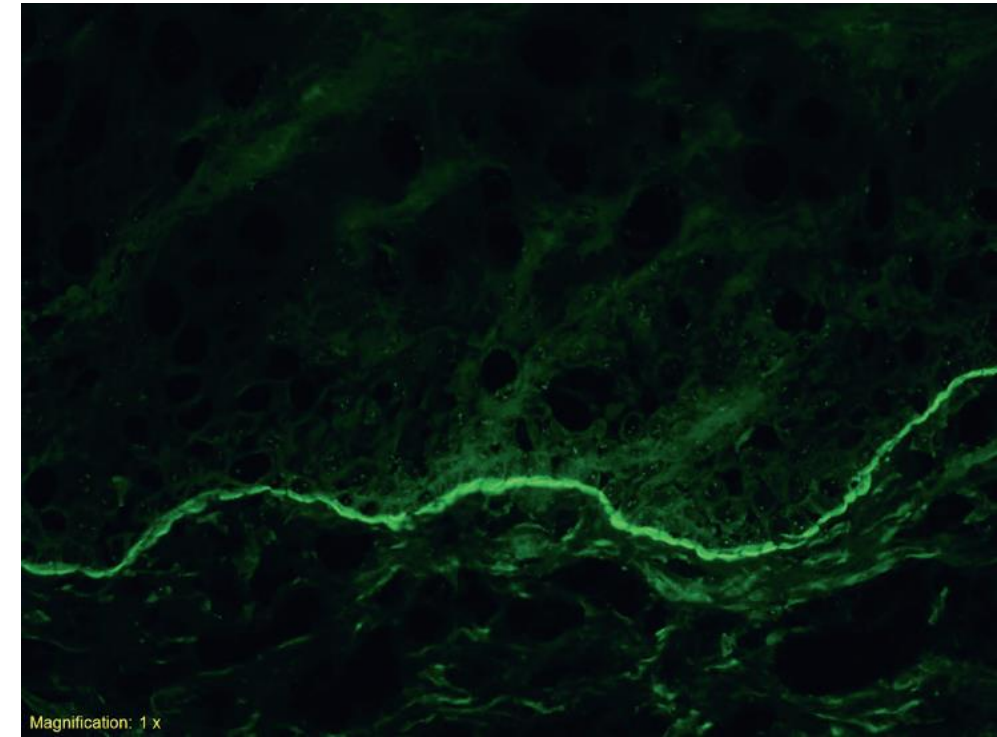
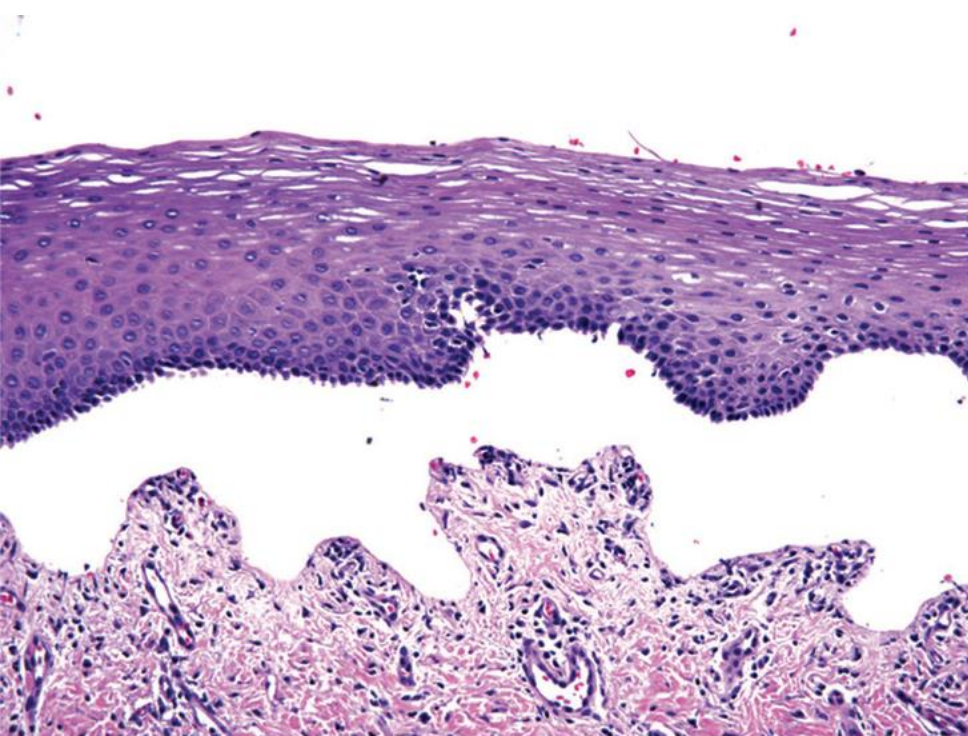
Bullous Pemphigoid

- The most common sub epidermal vesiculobullous disease
- Genetics & environment
- Parkinson
- Dementia
- M.S
- Antibiotics
- Older patients



Diagnosis

- Conventional Biopsy
- Biopsy for Direct immunofluorescence
- Serum indirect immunofluorescence



Treatment

- Topical corticosteroids
- Niacinamide
- Dapsone
- Tetracycline, doxycycline, minocycline
- Systemic corticosteroids
- Mycophenolate
- Azathioprine
- Rituximab



دکتر فرشاد جوادزاده

شماره تماس: ۰۹۱۴۱۰۳۸۸۳۰

آدرس E-mail : Fa.javadzadeh@gmail.com

بخش بیماری های دهان، فک و صورت دانشکده دندانپزشکی تبریز

کلینیک تخصصی دانشکده دندانپزشکی تبریز



**THANKS FOR
YOUR
ATTENTION**