

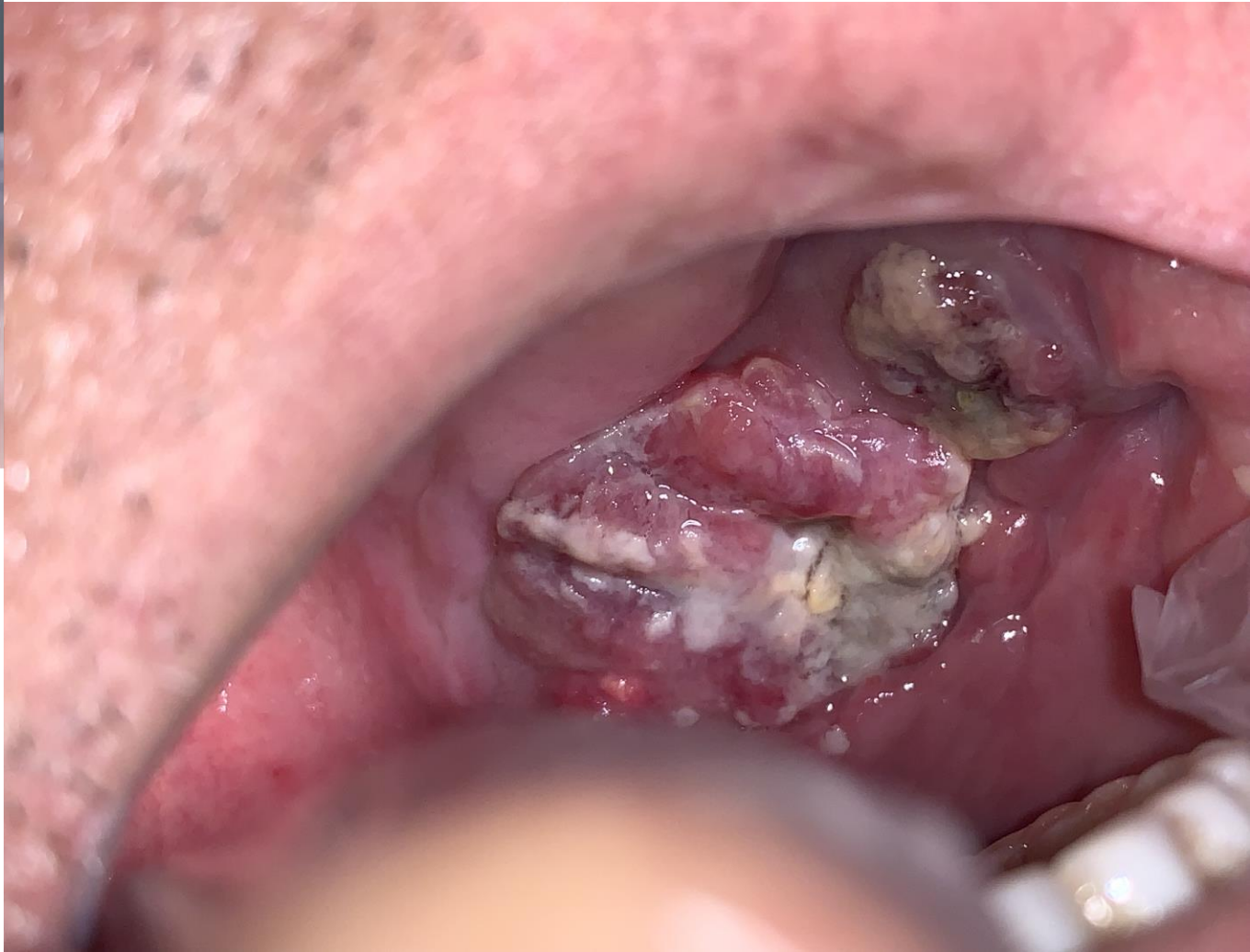
سر آغاز گفتار نام خداست
که رحمتگر و مهربان، خلق راست

Common Oral Soft Tissue Lesions

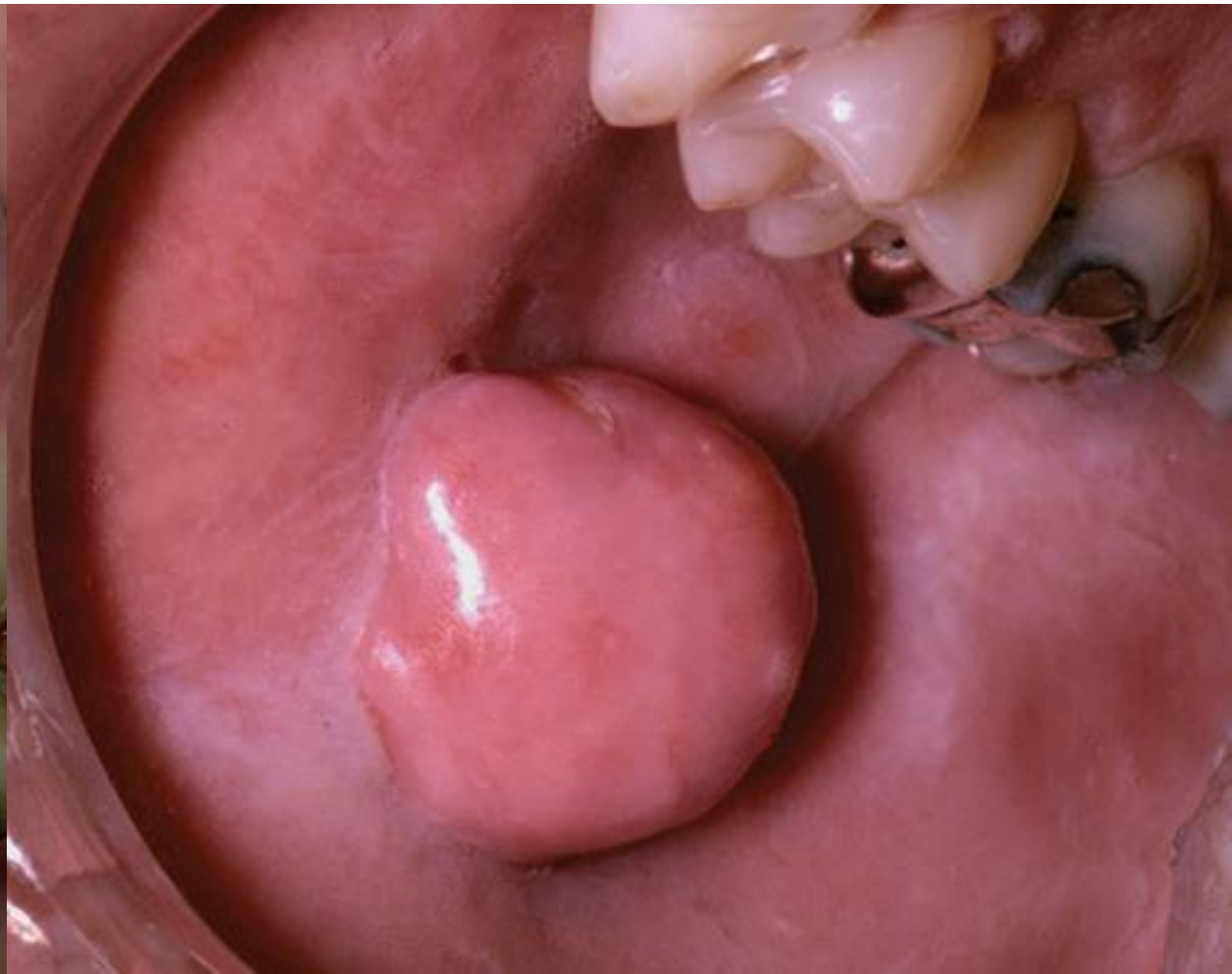
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Oral & Maxillofacial Medicine Specialist

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

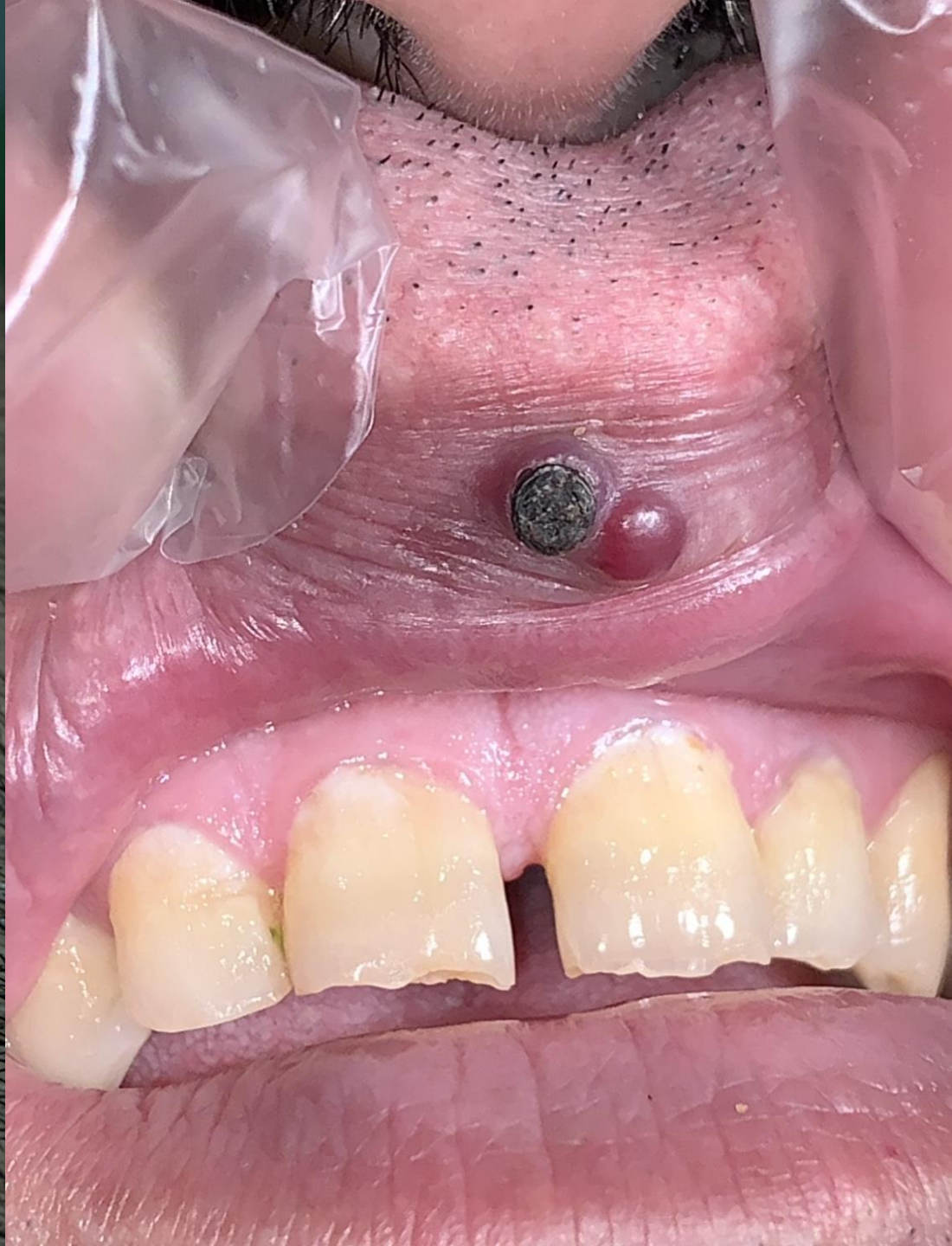
- Chronic Irritation
- Pregnancy tumor, estrogen hormone
- Women
- Pedunculate nodule
- Gingiva
- Hemangioma
- SCC



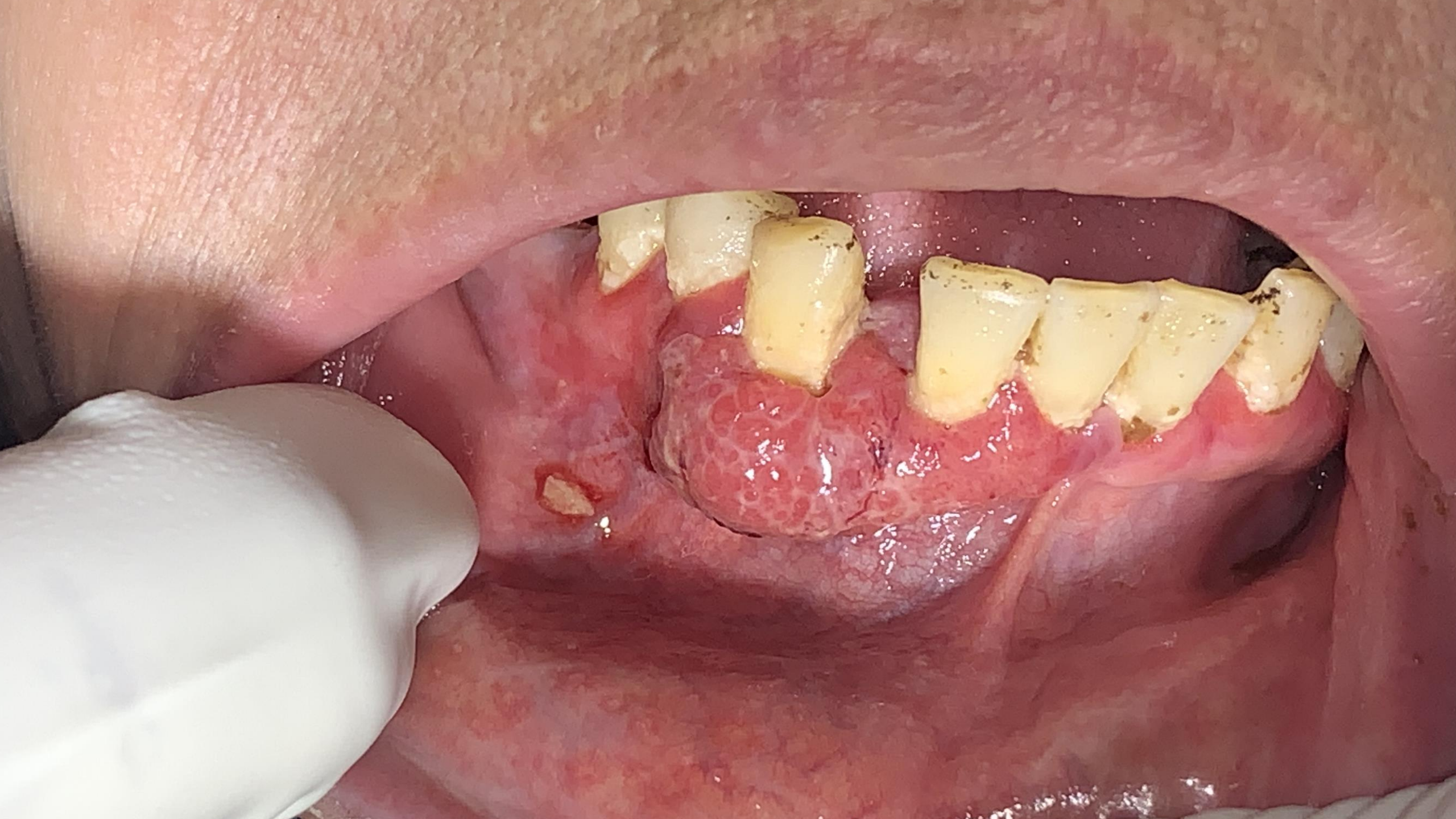












Peripheral Giant Cell Granuloma (PGCG)

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



Peripheral Ossifying Fibroma

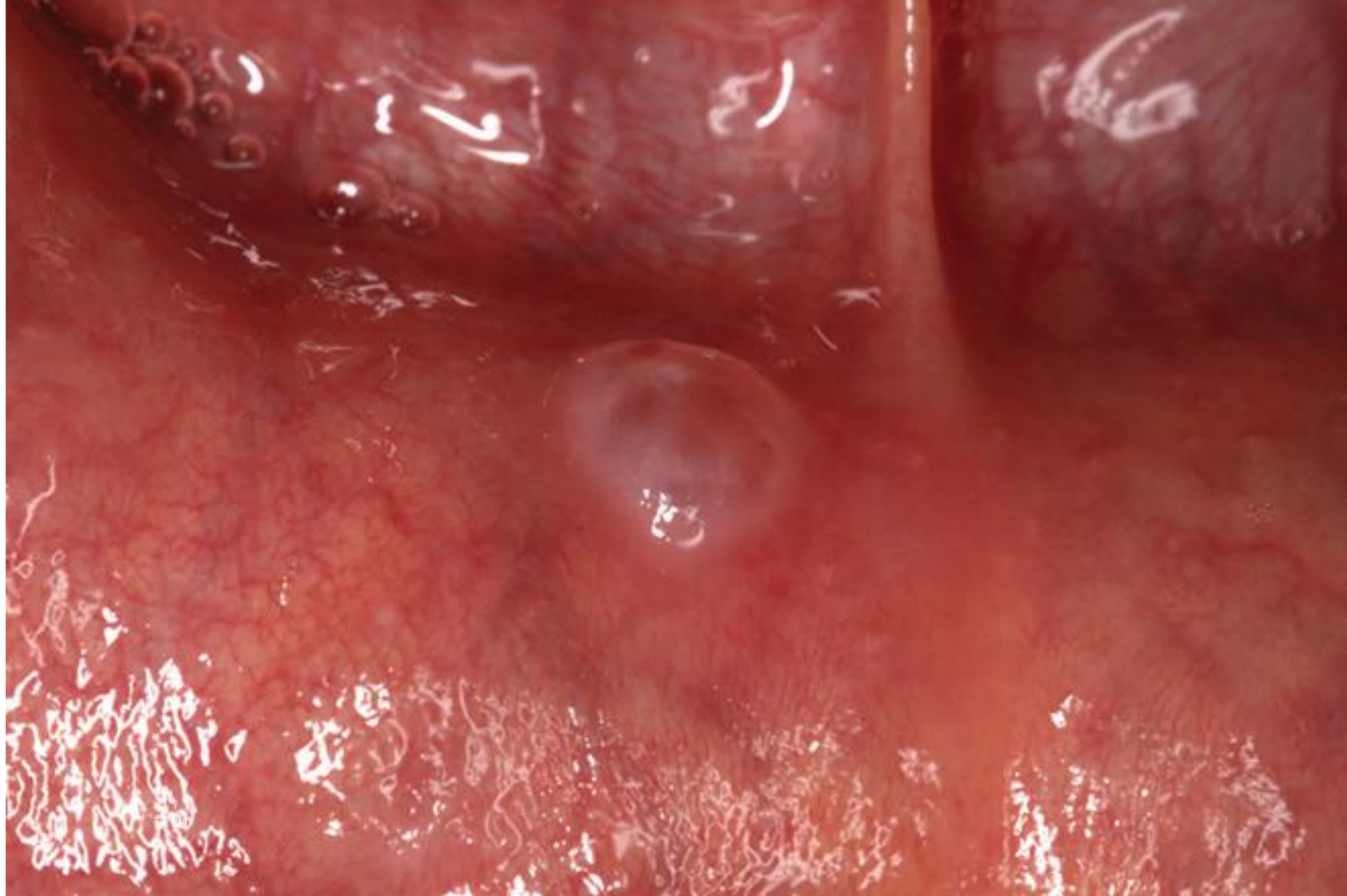
- Trauma
- Women
- Gingiva





Mucocele







Extravasation
type

Retention
type

Mucocele



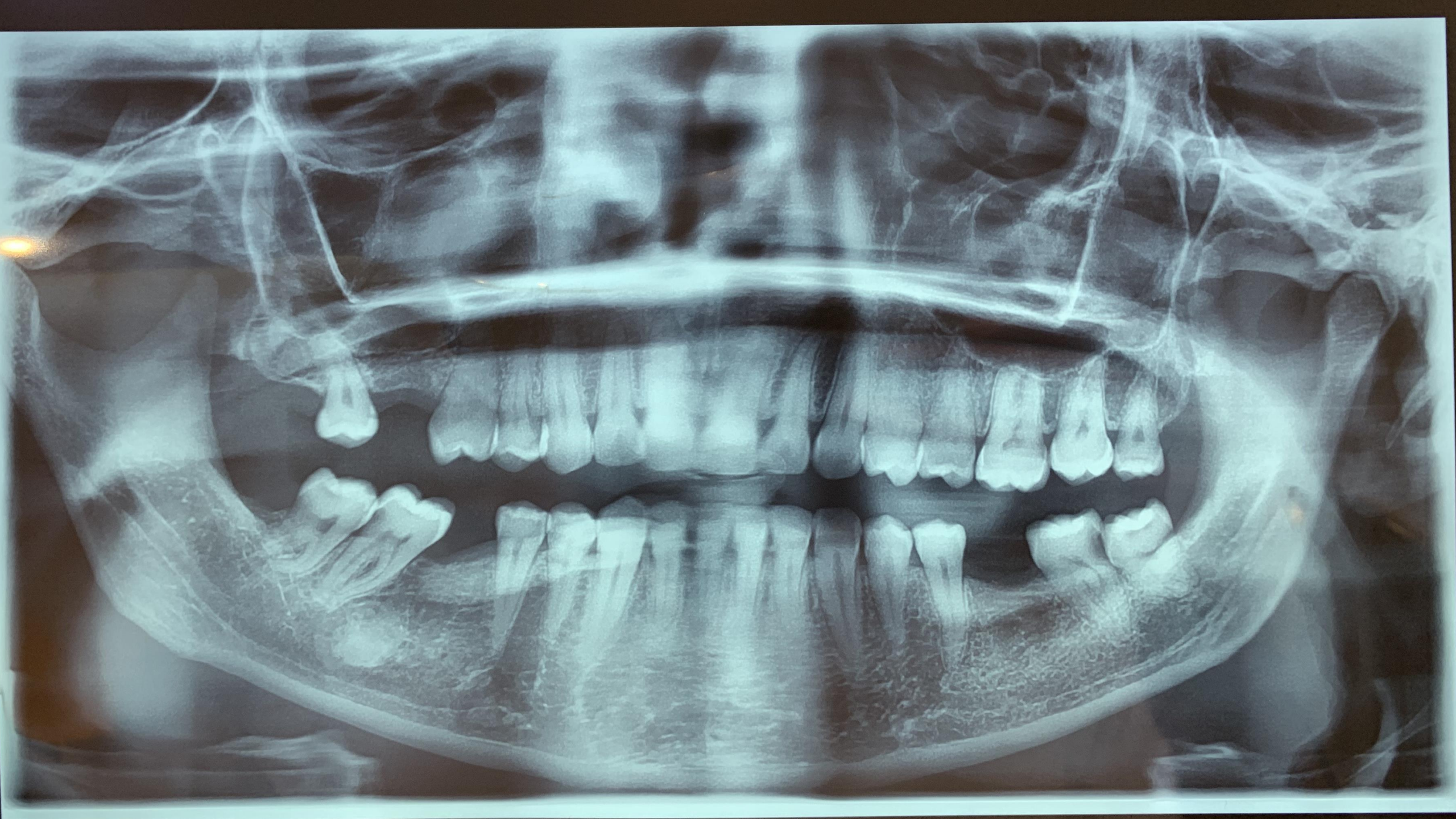
Ranula

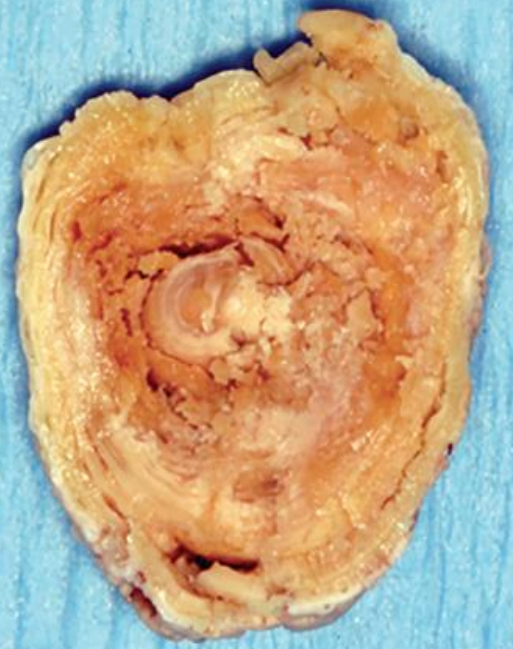
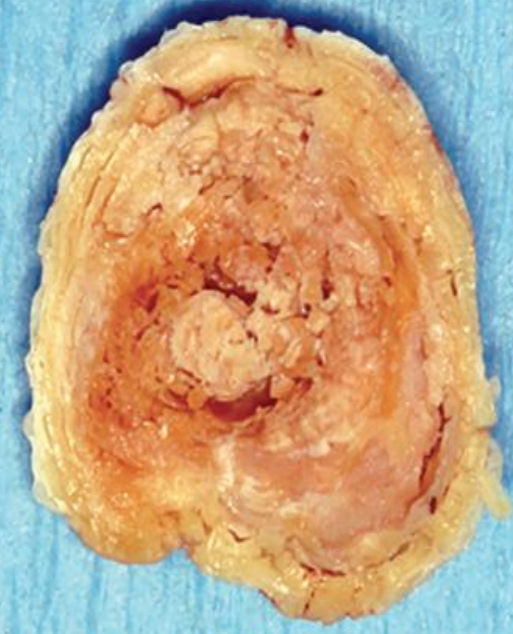












Aphthus Ulcer



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

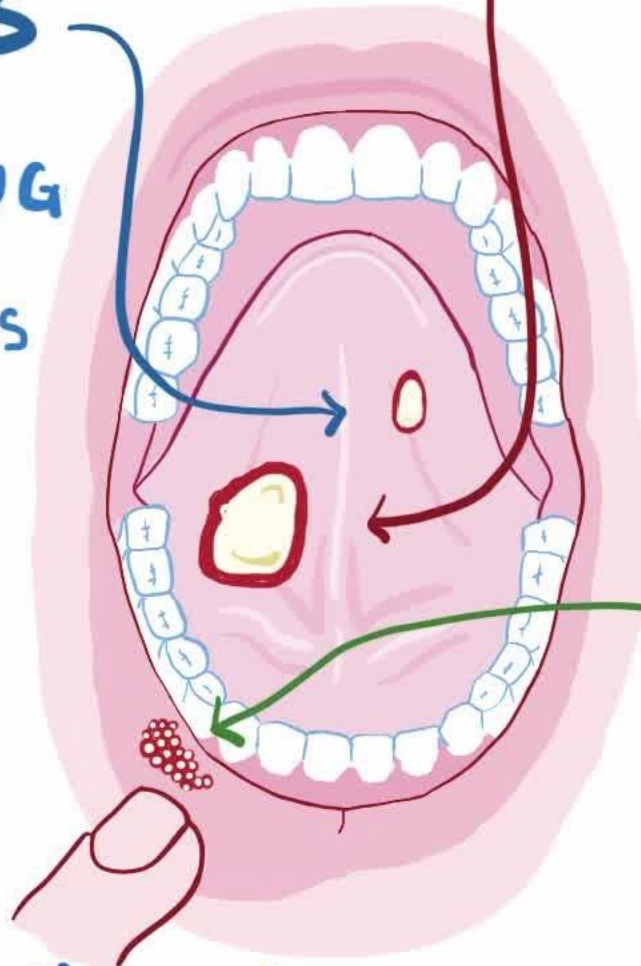
- Second decade of life
- Prodromal burning from 2 to 48 hours before
- Erythema, papule, ulcer
- Round-to-ovoid, symmetric, and shallow (similar to viral ulcers), but no tissue tags
- The buccal and labial mucosae are most commonly involved. Lesions rarely occur on the heavily keratinized palatal mucosa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

Ethiology

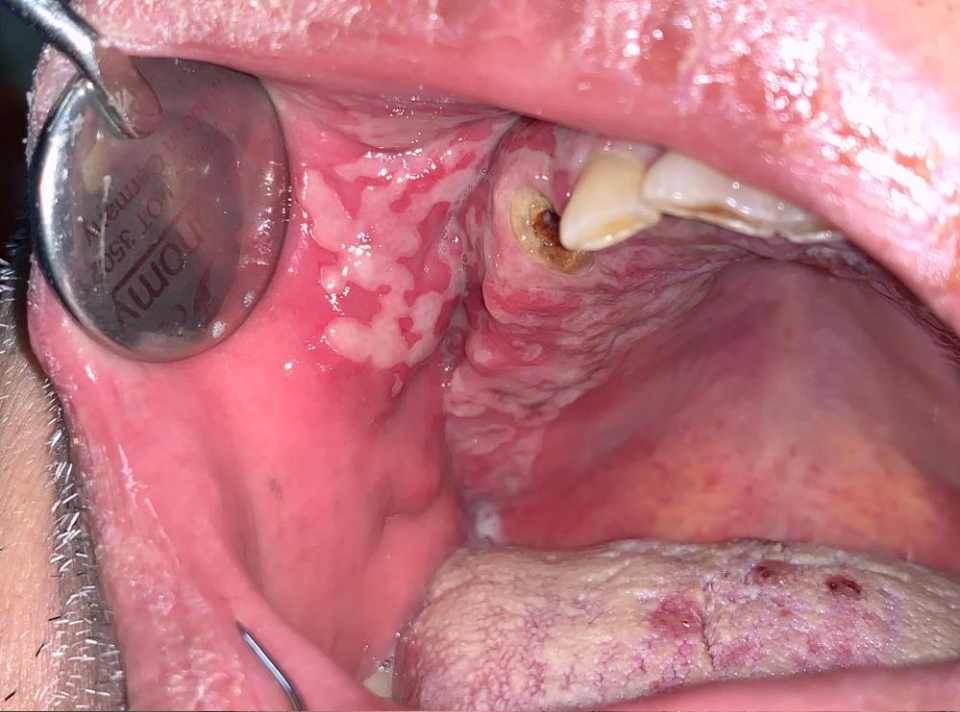
- HSV infection
- NSAIDS
- Anticonvulsants
- Anti hypertension
- Amoxicillin
- Tetracycline

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

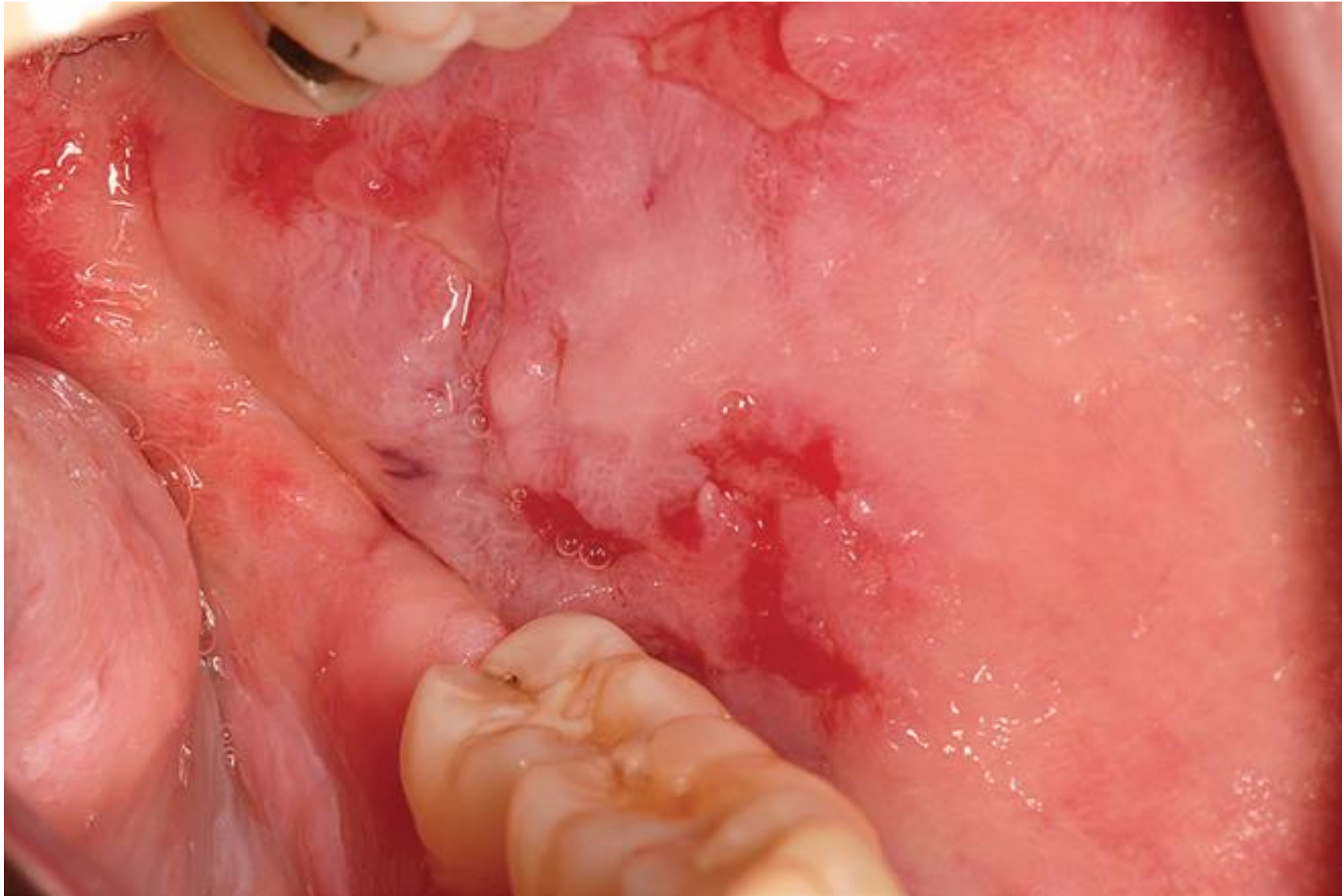




Treatment

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

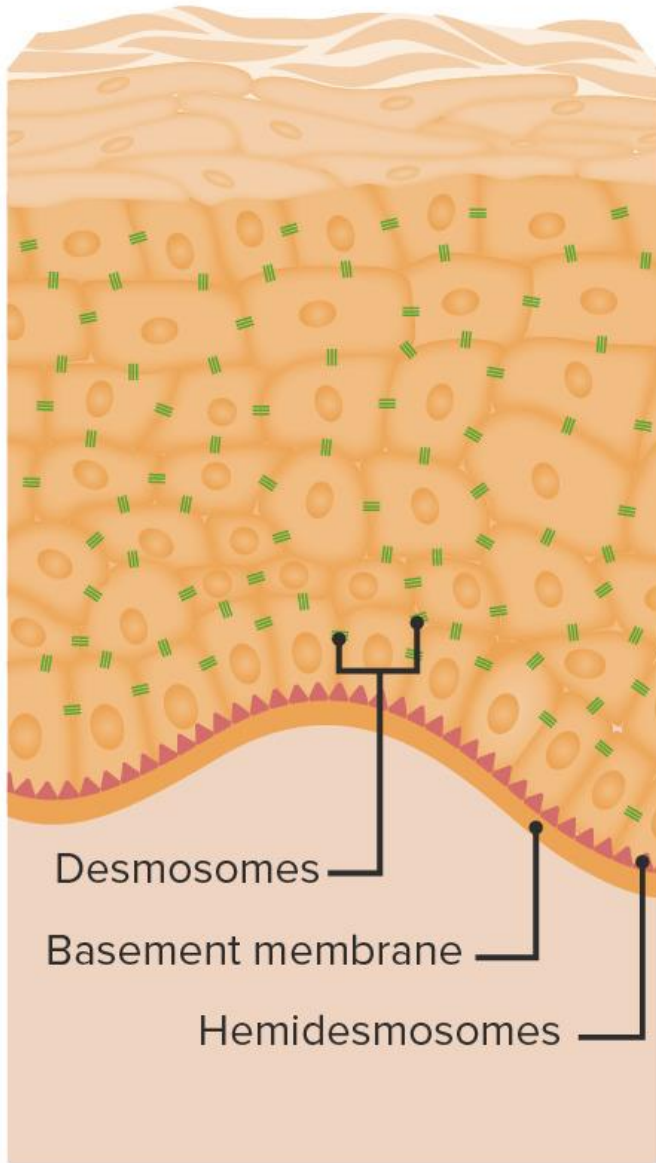
Pemphigus Vulgaris



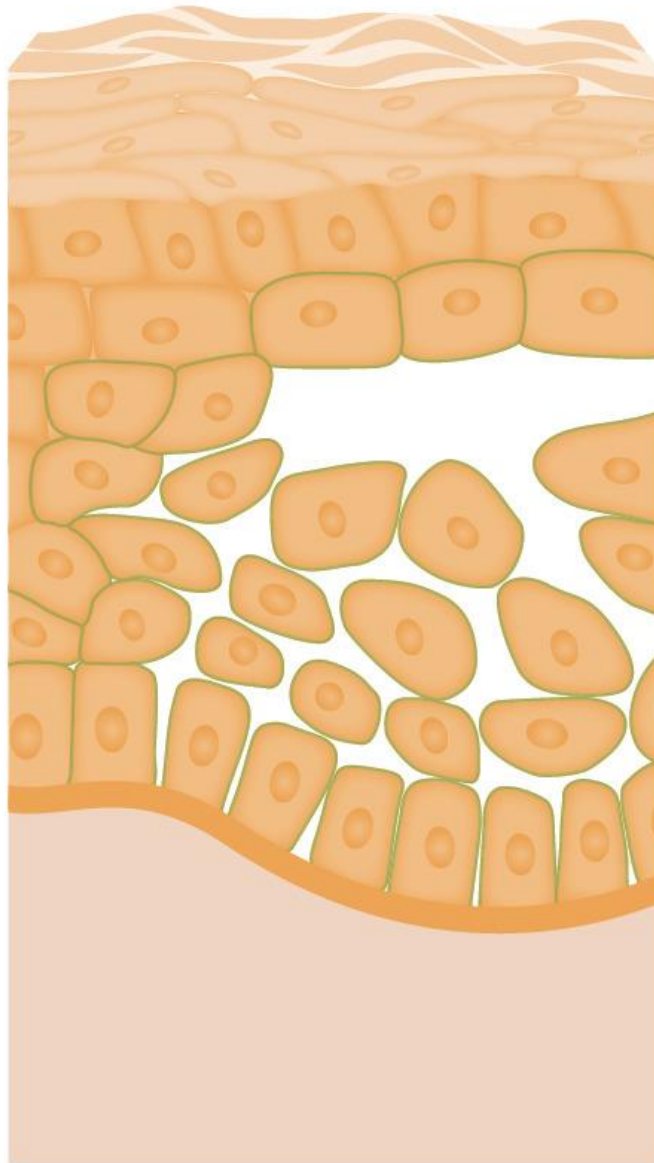
Ethiology

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

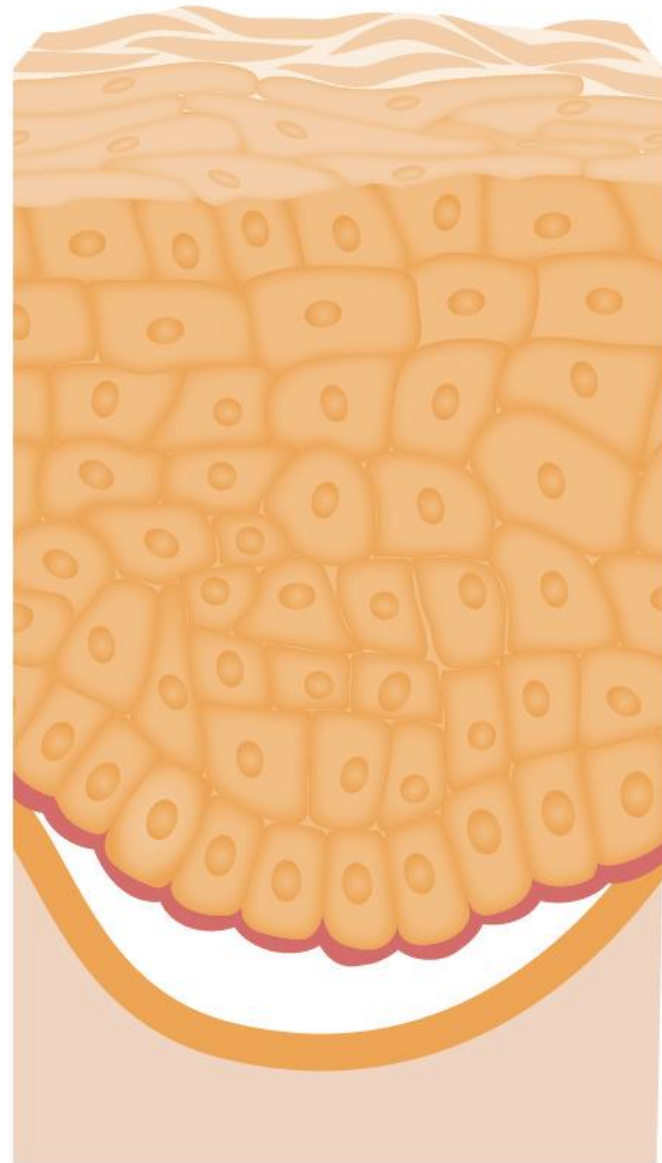
A Normal skin



B Pemphigus vulgaris



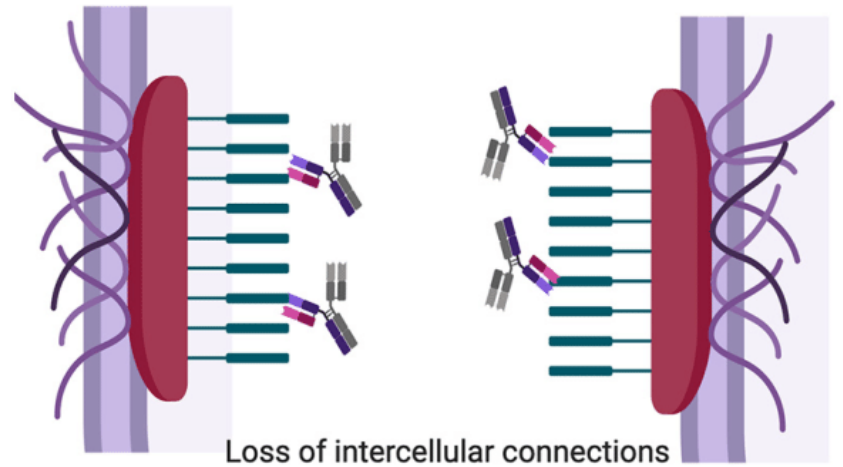
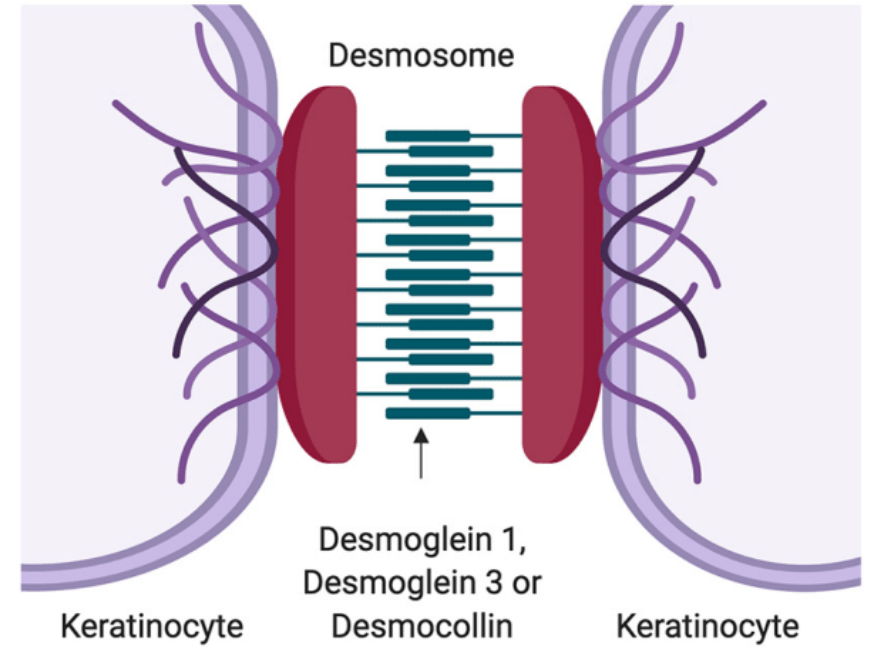
C Bullous pemphigoid



- 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

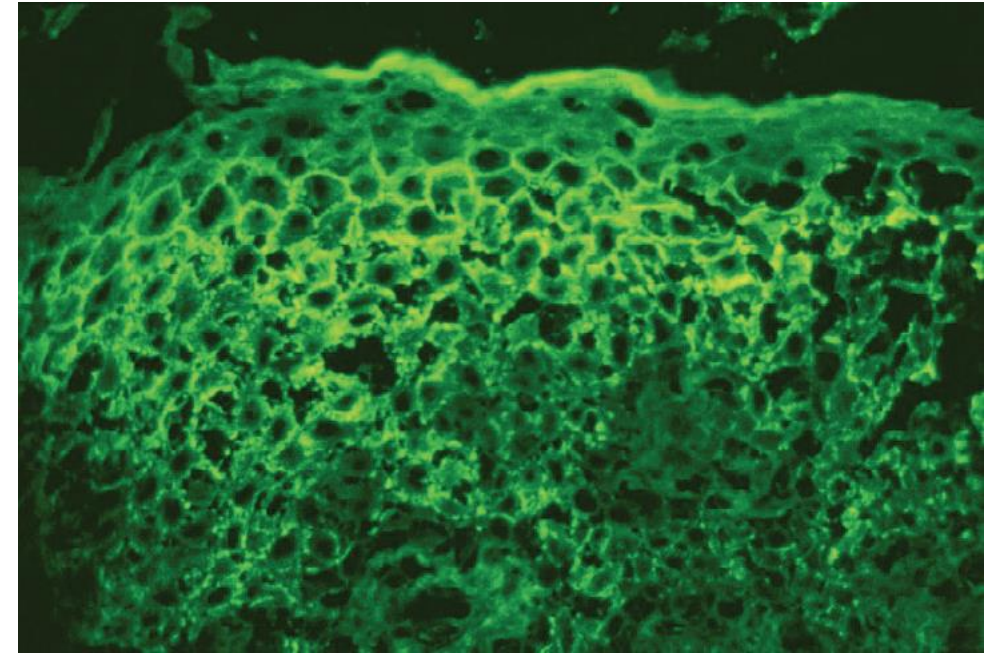
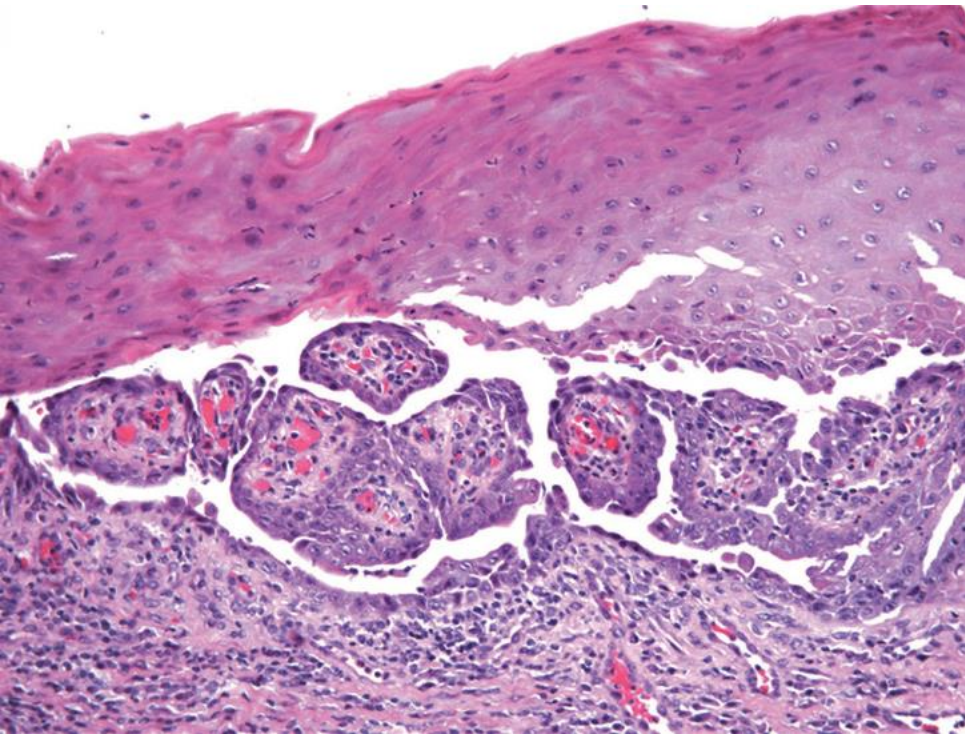
Desquamative gingivitis





Diagnosis

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



Treatment

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

Bullous Pemphigoid

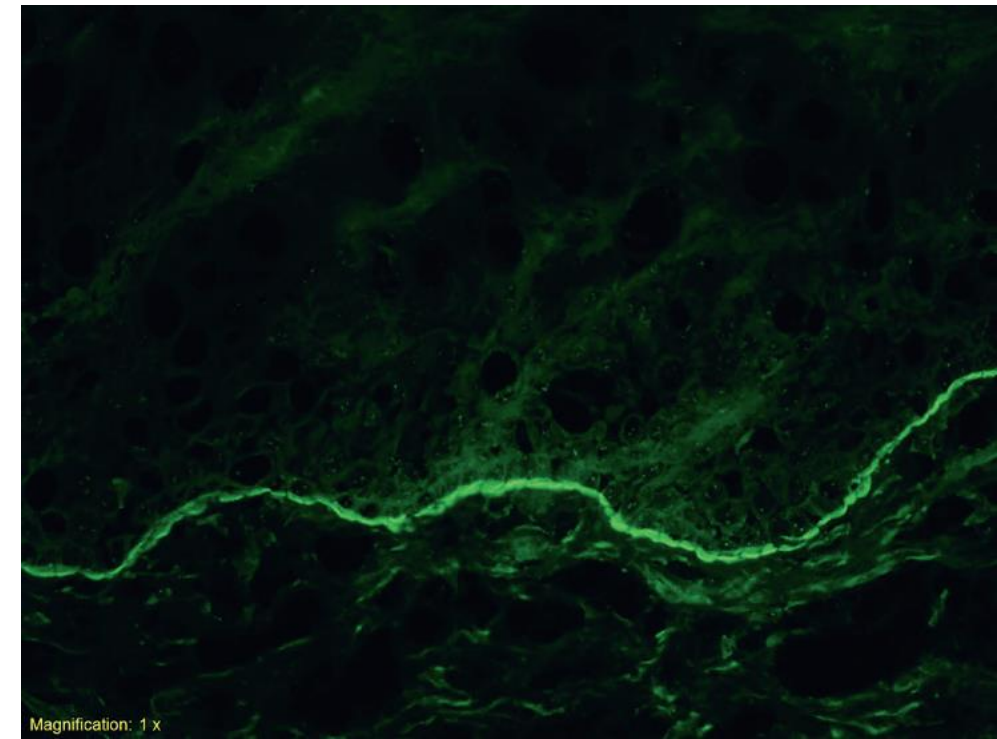
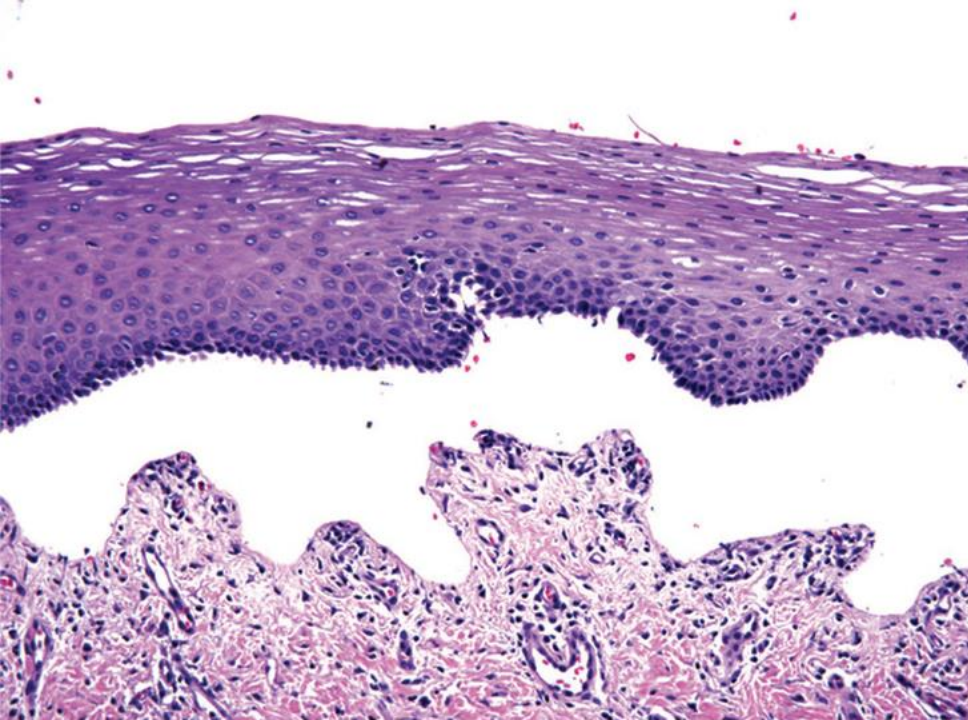
- The most common sub epidermal vesiculobullous disease
- Genetics & environment
- Parkinson
- Dementia
- M.S
- Antibiotics

- 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



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کلینیک تخصصی دانشکده دندانپزشکی تبریز



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