

Bölüm 8

ORAL KAVİTE VE OROFARENKS LEZYONLARI

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GİRİŞ

Oral kavite ve orofarenks lezyonları hem erişkinlerde hem de pediatrik yaş grubunda yaygın görülen hastalıklardır. Orta Avrupada yapılan bir çalışmada nüfusun %61.6'sında en az bir mukozal lezyon tespit edilmiştir (1). Amerika'da yapılan bir başka çalışmada en sık görülen lezyon pemfigus vulgaris (%18.3) iken bunu liken planus (% 8.3), kandidiyaz (8.3), aftöz ülserler (%6.7), herpetik lezyonlar (%6.7), travmatik lezyonlar (%6.7) izlemiştir (1).

Oral kavite ve orofarenks mukozal hastalıklarında en sık karşılaşılan semptom ağrıdır. Ağrı ülseratif lezyonlarda batıcı tarzda olabilirken enflamatuvar lezyonlarda sıklıkla künt bir ağrı olarak semptom verir. Enfeksiyöz ve otoimmün nedenler dışında ateş, halsizlik, kırgınlık gibi sistemik semptomlara pek rastlanmaz. Oral kavite lezyonları bazen asemptomatik seyredebilir. Bu gibi durumlar çoğu kez benign bir patolojiyi düşündürse de lezyonun morfolojik özellikleri dikkatli bir şekilde değerlendirilmelidir.

ÜLSERATİF HASTALIKLAR

Eritema multiforme

Eritema multiforme (EM), bazı ilaçlar ve enfeksiyonlarla ilişkili aşırı duyarlılık reaksiyonu olarak görülen akut, kendi kendine sınırlı ve bazen tekrarlayan bir cilt hastalığıdır (2). EM'nin

EM minör ve EM majör diye adlandırılan iki formu vardır. EM minör tek bir muköz membranın etkilendiği ve ekstremitelerdeki simetrik kutanöz lezyonlar ile seyreden formdur. EM majör ise iki veya daha fazla mukozal membranı etkiler ve kutanöz lezyonlar oldukça değişkendir (3). Daha önceleri EM'nin Stevens-Johnson sendromu (SJS) ve toksik epidermal nekrolizle (TEN) aynı patolojik spektrumda olduğu düşünülmese rağmen, şimdi EM'nin ayrı bir hastalık olduğu kabul edilmektedir (4). EM'nin prevalansının %1'den az olduğu ve hastalıkların çoğunlukla 20 ila 40 yaş arasındaki kadınları etkilediği gösterilmiştir (5). Hastalık %20 vakada çocukları etkileyebilir (6).

Antijenlere karşı başlatılan bir reaksiyon ve birtakım patojenik mikroorganizmalar ve ilaçlar EM'nin primer nedeni olarak görülmesine rağmen, EM'nin etiyopatogenezi tam olarak aydınlatılamamıştır. En çok üzerinde durulan etken herpes simpleks virüs (HSV) enfeksiyonudur. Diğer bulaşıcı ajanlar arasında bakteriyel (*Mycoplasma pneumoniae*, *Borreliosis*), viral (Adenovirüsler, Enterovirüsler) ve mantar enfeksiyonları (*Coccidioidomycosis*, *Dermatofit'ler*) bulunur (7). İlaçlar- antibiyotikler (penisilin, sefalosporinler, sülfonamidler), non-steroid antiinflamatuvar ilaçlar ve anti-konvülzan ilaçlar (Fenitoin), gıda maddeleri (Benzoatlar, Nitrobenzen) ve kimyasallar (Parfümler) ayrıca tetikleyici faktörler olarak da etki edebilirler (8, 9). Pediatrik yaş grubunda *mycoplasma pneumoniae* önemli bir etkindir (10).

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Eritroplaki

Kırmızı yama anlamında kullanılan eritroplaki oral mukozanın kırmızı lezyonları için kullanılan terimdir. Sigara kullanımıyla yakından ilişkilidir. Genellikle ağız tabanı, dil laterali, retromolar bölge, yumuşak damağa yerleşen yumuşak kırmızı maküler bir lezyondur. Yüksek oranda malignite gelişme riski olduğundan biyopsi alınması şarttır.

SONUÇ

Sonuç olarak, oral kavite lezyonları toplumda yaygındır. Klinik ve histopatolojik olarak geniş spektruma sahiptirler. Lezyonların değerlendirilmesinde öykü çok önemli bir yer tutar. Ne zaman başladığı, ağrılı olup olmaması ve sistemik semptomların eşlik edip etmediğinin sorgulanması lezyonlar hakkında önemli ip uçları verir. Ayrıca fizik muayenede lezyonun rengi, boyutu ve kabarıklık olup olmaması dikkatlice değerlendirilmelidir. Sistemik hastalıkların ilk bulgularının oral mukozal lezyonlar olabileceği akılda tutulmalıdır. Lezyonların bir kısmı klinik görünümüne göre ayırt edilebilirken çoğu lezyon için kesin tanı biyopsi ile konur. Özellikle malignite şüphesi olan lezyonlara vakit kaybetmeden biyopsi yapılmalıdır.

Anahtar Kelimeler: Oral mukoza, orofarenks, eritem, bül, lökoplaki, kandidiyazis

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