

# CHAPTER 30

## MAJOR APHTHOUS STOMATITIS (K12.0)

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### REMEMBER

- ▶ Aphthous ulcers are the most common cause of recurrent ulcers in the mucosa.
- ▶ Although the mouth is the most common site of involvement, all mucous membranes may be affected.
- ▶ It is examined under three morphological subheadings:  
Ulcers that are smaller than 1 cm: minor (=Mikulicz's aphthae),  
Ulcers with 1-3 cm width, deep and painful: major (=Sutton's disease),  
Multiple ulcers that are 1-3 mm in size are called herpetiform aphthae.
- ▶ It should not be forgotten that apart from many diseases, the menstrual period in women can also trigger this condition.
- ▶ Cessation of smoking can also trigger the lesions.
- ▶ Treatment of aphthous ulcers should be carried out if the underlying disease is detected (e.g., Behçet's Disease). Apart from this, oral care, mouthwashes containing chlorhexidine, tetracyclines, topical steroids, topical anesthetic agents may be used. Colchicine, pentoxifylline, dapsone, oral corticosteroids, and oral zinc supplements can be used in systemic treatment.
- ▶ Successful treatment data on the use of nd:YAG, carbon dioxide and diode lasers have been reported in the literature.

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ommended in terms of ophthalmological involvement of the disease. The most common ocular manifestation is uveitis. Retinal involvement and optic nerve involvement may also occur.

## Psychiatry

- ▶ Psychiatric morbidities should be evaluated together with underlying organic causes.
- ▶ It has been reported that depression, anxiety and mental stress increase the recurrence of major aphthous stomatitis.
- ▶ Since sleep disorders can also trigger aphthous ulcers, patients should be evaluated in this respect.

## Dentistry

- ▶ Conditions that may cause permanent trauma, such as an improperly made prosthesis in the patient's mouth, should be evaluated and excluded.
- ▶ Patients should be informed about acidic foods and beverages that may increase recurrence.

## REFERENCES

- Akintoye SO, Greenberg MS. Recurrent aphthous stomatitis. *Dent Clin North Am.* 2005;49(1 SPEC.ISS.):31–47.
- Olejnik M, Ślebioda Z, Dorocka-Bobkowska B. Low-level laser therapy (LLLT) in the treatment of recurrent aphthous stomatitis (RAS) – A promising treatment option: A report of two cases. *Dent Med Probl.* 2019;56(3):317–21.
- Belenguer-Guallar I, Jiménez-Soriano Y, Claramunt-Lozano A. Treatment of recurrent aphthous stomatitis. A literature review. *J Clin Exp Dent.* 2014;6(2):168–74.
- Najeeb S, Khurshid Z, Zohaib S, Najeeb B, Qasim S Bin, Zafar MS. Management of recurrent aphthous ulcers using low-level lasers: A systematic review. *Med [Internet].* 2016;52(5):263–8. Available from: <http://dx.doi.org/10.1016/j.medic.2016.07.006>
- Alpsoy E. Behçet's disease: A comprehensive review with a focus on epidemiology, etiology and clinical features, and management of mucocutaneous lesions. *J Dermatol.* 2016;43(6):620–32.
- Marshall GS, Edwards KM, Butler J, Lawton AR. Syndrome of periodic fever, pharyngitis, and aphthous stomatitis. *J Pediatr.* 1987;110(1):43–6.
- Urman JD, Lowenstein MB, Abeles M, Weinstein A. Oral mucosal ulceration in systemic lupus erythematosus. *Arthritis Rheum.* 1978;21(1):58–61.
- Shah K, Guarderas J, Krishnaswamy G. Aphthous stomatitis. *Ann Allergy, Asthma Immunol [Internet].* 2016;117(4):341–3. Available from: <http://dx.doi.org/10.1016/j.ana.2016.07.005>
- Keogan MT. Clinical Immunology Review Series: An approach to the patient with recurrent orogenital ulceration, including Behçet's syndrome. *Clin Exp Immunol.* 2009;156(1):1–11.
- Shakeri R, Zamani F, Sotoudehmanesh R, Amiri A, Mohamadnejad M, Davatchi F, et al. Gluten sensitivity enteropathy in patients with recurrent aphthous stomatitis. *BMC Gastroenterol.* 2009;9:1–5.
- Bijelić B, Matić IZ, Besu I, Janković L, Juranić Z, Marušić S, et al. Celiac disease-specific and inflammatory bowel disease-related antibodies in patients with recurrent aphthous stomatitis. *Immunobiology.* 2019;224(1):75–9.
- Ship JA, Ann Arbor M. Recurrent aphthous stomatitis. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1996;81(2):141–7.
- Piskin S, Sayan C, Durukan N, Senol M. Serum iron, ferritin, folic acid, and vitamin B12 levels in recurrent aphthous stomatitis. *J Eur Acad Dermatology Venereol.* 2002;16(1):66–7.
- Van Der Hilst JCH, Bodar EJ, Barron KS, Frenkel J, Drenth JPH, Van Der Meer JWM, et al. Long-term follow-up, clinical features, and quality of life in a series of 103 patients with hyperimmunoglobulinemia D syndrome. *Medicine (Baltimore).* 2008;87(6):301–10.
- Selmi C, Gershwin ME. Diagnosis and classification of reactive arthritis. *Autoimmun Rev.* 2014;13(4–5):546–9.
- Patil N, Chaurasia VR, Babaji P, Ramesh D, Jhamb K, Sharma AM. The effect of highly active antiretroviral therapy on the prevalence of oral manifestation in human immunodeficiency virus-infected patients in Karnataka, India. *Eur J Dent.* 2015;9(1):47–52.
- Al Akrash LS, Al Semari MA, Al Harithy R. Ocular manifestations of dermatological diseases part I: infectious and inflammatory disorders. *Int J Dermatol.* 2021;60(1):5–11.
- Huling LB, Baccaglioni L, Choquette L, Feinn RS, Lalla R V. Effect of stressful life events on the onset and duration



- of recurrent aphthous stomatitis. *J Oral Pathol Med.* 2012;41(2):149–52.
- Gavic L, Cigic L, Biocina Lukenda D, Gruden V, Gruden Pokupec JS. The role of anxiety, depression, and psychological stress on the clinical status of recurrent aphthous stomatitis and oral lichen planus. *J Oral Pathol Med.* 2014;43(6):410–7.
- Tohidinik HR, Rodríguez A, Regueira-Méndez C, Takouche B. Sleep quality and risk of recurrent aphthous ulcers: A Spanish cohort study. *Oral Dis.* 2021;(May):1–9.
- Figueiral MH, Azul A, Pinto E, Fonseca PA, Branco FM, Scully C. Denture-related stomatitis: Identification of aetiological and predisposing factors - A large cohort. *J Oral Rehabil.* 2007;34(6):448–55.

# BÖLÜM 31

## MAJÖR AFTÖZ STOMATİT (K12.0)

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### HATIRLA

- Mukozalarda tekrarlayıcı ülserlerin en sık nedeni aftöz ülserlerdir.
- Ağız en sık tutulum yeri olmakla beraber tüm mukozalar tutulabilir.
- Üç morfolojik alt başlık altında incelenir:
  - 1 cm'den daha küçük ülserlere minör (=Mikulicz aft),
  - 1-3 cm genişlikte, derin ve ağrılı olan ülserler majör (=Sutton hastalığı),
  - 1-3 mm büyüklüğünde multiple ülserler ise herpetiform aft olarak adlandırılır.
- Aşağıda sayılan birçok hastalık dışında kadınlarda menstrüasyon döneminin de bu tabloyu tetikleyebileceği unutulmamalıdır.
- Sigaranın bırakılması da aftöz stomatit tablosunu tetikleyebilir.
- Aftöz ülserlerin tedavisi eğer altta yatan hastalık saptandıysa (ör: Behçet Hastalığı) buna yönelik yapılmalıdır. Bunun dışında ağız bakımı, klorheksidin içeren gargaralar, tetrasiklinler, topikal steroidler, topikal anestetik ajanlar kullanılabilir. Sistemik tedavide kolşisin, pentoksifilin, dapson, oral kortikosteroidler, çinko desteği kullanılabilir.
- Literatürde nd:YAG, karbondioksit ve diod lazerlerin kullanımına ilişkin başarılı veriler sunulmuştur.

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- ▶ Depresyon, anksiyete ve mental stresin majör aftöz stomatit rekürrensini artırdığı bildirilmiştir.
- ▶ Uyku bozuklukları da aftöz ülserleri tetikleyebileceği için hastalar bu yönden değerlendirilmelidir.

## Diş Hekimliği

- ▶ Hastanın ağzında uygun olarak yapılmamış protez gibi devamlı travma yaratabilen durumlar değerlendirilmeli ve dışlanmalıdır.
- ▶ Hastalar, rekürrensi artırabilecek asidik yiyecek ve içeceklerin tüketilmemesi konusunda bilgilendirilmelidir.

## KAYNAKLAR

Akintoye SO, Greenberg MS. Recurrent aphthous stomatitis. *Dent Clin North Am.* 2005;49(1 SPEC.ISS.):31-47.

Olejnik M, Šlebioda Z, Dorocka-Bobkowska B. Low-level laser therapy (LLL) in the treatment of recurrent aphthous stomatitis (RAS) – A promising treatment option: A report of two cases. *Dent Med Probl.* 2019;56(3):317-21.

Belenguer-Guallar I, Jiménez-Soriano Y, Claramunt-Lozano A. Treatment of recurrent aphthous stomatitis. A literature review. *J Clin Exp Dent.* 2014;6(2):168-74.

Najeeb S, Khurshid Z, Zohaib S, Najeeb B, Qasim S Bin, Zafar MS. Management of recurrent aphthous ulcers using low-level lasers: A systematic review. *Med [Internet].* 2016;52(5):263-8. Available from: <http://dx.doi.org/10.1016/j.medic.2016.07.006>

Alpsoy E. Behçet's disease: A comprehensive review with a focus on epidemiology, etiology and clinical features, and management of mucocutaneous lesions. *J Dermatol.* 2016;43(6):620-32.

Marshall GS, Edwards KM, Butler J, Lawton AR. Syndrome of periodic fever, pharyngitis, and aphthous stomatitis. *J Pediatr.* 1987;110(1):43-6.

Urman JD, Lowenstein MB, Abeles M, Weinstein A. Oral mucosal ulceration in systemic lupus erythematosus. *Arthritis Rheum.* 1978;21(1):58-61.

Shah K, Guarderas J, Krishnaswamy G. Aphthous stomatitis. *Ann Allergy, Asthma Immunol [Internet].* 2016;117(4):341-3. Available from: <http://dx.doi.org/10.1016/j.anai.2016.07.005>

Keogan MT. Clinical Immunology Review Series: An approach to the patient with recurrent orogenital ulceration, including Behçet's syndrome. *Clin Exp Immunol.* 2009;156(1):1-11.

Shakeri R, Zamani F, Sotoudehmanesh R, Amiri A, Mo-hamadnejad M, Davatchi F, et al. Gluten sensitivity enteropathy in patients with recurrent aphthous stomatitis. *BMC Gastroenterol.* 2009;9:1-5.

Bijelić B, Matic IZ, Besu I, Janković L, Juranić Z, Marušić S, et al. Celiac disease-specific and inflammatory bowel disease-related antibodies in patients with recurrent aphthous stomatitis. *Immunobiology.* 2019;224(1):75-9.

Ship JA, Ann Arbor M. Recurrent aphthous stomatitis. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1996;81(2):141-7.

Piskin S, Sayan C, Durukan N, Senol M. Serum iron, ferritin, folic acid, and vitamin B12 levels in recurrent aphthous stomatitis. *J Eur Acad Dermatology Venereol.* 2002;16(1):66-7.

Van Der Hilst JCH, Bodar EJ, Barron KS, Frenkel J, Drenth JPH, Van Der Meer JWM, et al. Long-term follow-up, clinical features, and quality of life in a series of 103 patients with hyperimmunoglobulinemia D syndrome. *Medicine (Baltimore).* 2008;87(6):301-10.

Selmi C, Gershwin ME. Diagnosis and classification of reactive arthritis. *Autoimmun Rev.* 2014;13(4-5):546-9.

Patil N, Chaurasia VR, Babaji P, Ramesh D, Jhamb K, Sharma AM. The effect of highly active antiretroviral therapy on the prevalence of oral manifestation in human immunodeficiency virus-infected patients in Karnataka, India. *Eur J Dent.* 2015;9(1):47-52.

Al Akrash LS, Al Semari MA, Al Harithy R. Ocular manifestations of dermatological diseases part I: infectious and inflammatory disorders. *Int J Dermatol.* 2021;60(1):5-11.

Huling LB, Baccaglioni L, Choquette L, Feinn RS, Lalla R V. Effect of stressful life events on the onset and duration of recurrent aphthous stomatitis. *J Oral Pathol Med.* 2012;41(2):149-52.

Gavic L, Cigic L, Biocina Lukenda D, Gruden V, Gruden Pokupec JS. The role of anxiety, depression, and psychological stress on the clinical status of recurrent aphthous stomatitis and oral lichen planus. *J Oral Pathol Med.* 2014;43(6):410-7.

Tohidinik HR, Rodríguez A, Regueira-Méndez C, Takkouche B. Sleep quality and risk of recurrent aphthous ulcers: A Spanish cohort study. *Oral Dis.* 2021;(May):1-9.

Figueiral MH, Azul A, Pinto E, Fonseca PA, Branco FM, Scully C. Denture-related stomatitis: Identification of aetiological and predisposing factors - A large cohort. *J Oral Rehabil.* 2007;34(6):448-55.