

BÖLÜM 2

ORAL ÜLSERATİF LEZYONLAR

Sıla Nazlıcan MERMİT ¹

Selin BAĞLAN ²

Sema KAYA ³

AĞIZ İÇİ ÜLSERASYONLAR: GÖRÜNÜM, SÜREÇ VE AYIRICI TANI ÜZERİNE İNCELEME

Ağız içerisindeki mukozada, farklı büyüklüklerde ve şekillerde oluşabilen, epitel ve altındaki dokuların kaybıyla karakterize olan lezyonlara **oral ülser** denir (1). Erozyonlar ve ülserler, ağız içindeki önemli ve dikkatlice değerlendirilmesi gereken lezyonlardır. Oral muköz membranlar, ağız boşluğuna özgü, hassas yapılar olup, hem yüzeysel erozyonlara hem de derin ülserasyona yatkın bölgeler oluşturur. Bu ülserler genellikle ağrılıdır ve tek bir lezyon ya da birden fazla, simetrik veya düzensiz şekillerde karşımıza çıkabilir. Bu lezyonların tabanı sarımsı beyaz renkte bir eksüdasyonla kaplanmış olup, çevresinde belirgin bir eritemli halka yer alır (Figür 1). Akut ülserler sıklıkla travmalar, aftöz stomatit gibi tekrarlayan durumlar ve enfeksiyonlarla ilişkilidir. Ancak kronik ülserler, kanser gibi malign hastalıklar, sistemik hastalıklar, liken planus, pemfigus gibi otoimmün hastalıklar ve büllöz dermatozlar gibi çeşitli rahatsızlıklarla da ilişkilendirilebilir (Figür 2). Oral mukozada oluşan ülserler, bazen vezikülobüllöz lezyonların açılması ve erozyona dönüşmesiyle, zamanla daha da derinleşebilir. Diğer durumlarda ise doğrudan inflamatuvar, enfeksiyöz, hematolojik ya da neoplastik hastalıklarla bağlantılı olarak ortaya çıkabilirler (2-4). Oluşumunda rol oynayan faktörlerin çeşitliliği ve ortaya çıkan özelliklerin değişkenliği nedeniyle, oral ülseratif lezyonların teşhisi oldukça zorlu olabilir. Bir ülseratif lezyon iki hafta veya daha uzun süre

¹ Arş. Gör., Yüzüncü Yıl Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Radyolojisi AD., silanazlicanmermit@yyu.edu.tr, ORCID iD: 0009-0008-8806-6579

² Arş. Gör., Yüzüncü Yıl Üniversitesi Diş Hekimliği Fakültesi Ağız, Diş ve Çene Radyolojisi AD., selinbaglan@yyu.edu.tr, ORCID iD: 0009-0001-6956-0706

³ Dr. Öğr. Üyesi, Van Yüzüncü Yıl Üniversitesi, Diş Hekimliği Fakültesi, Ağız, Diş ve Çene Radyolojisi AD., semakaya@yyu.edu.tr, ORCID iD: 0000-0002-6306-3901

bmukozal şişliklerle kendini gösterirken, bazı hematolojik hastalıklar daha yüzeysel ülserasyonlarla belirginleşebilir. Özellikle lösemi, nötropeni nedeniyle ağızda ülserlere yol açar ve genellikle diş eti kanaması veya şişkin, iltihaplı diş etleri gibi başka oral belirtilerle birlikte görülür (108).

T hücreli lenfomalar , ağızda nadiren görülen lezyonlardır ancak genellikle birden fazla ülser şeklinde ortaya çıkar. Bu lezyonlar bazen, ciltteki lezyonlardan önce gelişebilir (109). Mikoza fungoides (MF), derideki en yaygın T hücreli lenfoma türüdür. Ağızda görülen belirtiler arasında ülserler, kırmızımsı plaklar ve kitleler yer alır ve en sık etkilenen bölgeler dil, damak ve diş etleridir. MF'nin histolojik yapısı, iltihabi hastalıklarla benzerlik gösterebilir, bu da yanlış tanıya yol açabilir. Ancak, tipik olmayan lenfositlerin epidermal tabakada dağılması ve düzensiz serebriform çekirdek yapıları bu hastalığa özgüdür (109,110). İmmünohistokimyasal testler genellikle CD3, CD4 ve CD45'in pozitif olduğunu gösterir. MF'de ağız tutulumunun varlığı, hastalığın ileri evrede olduğunu ve daha kötü bir prognoz ile ilişkili olabileceğini işaret eder.

Ekstranodal Doğal öldürücü ve T hücreleriyle ilişkili lenfomalar (EDVTHL), genellikle burun boşluğunu etkileyen ve oldukça agresif seyreden bir kanser türüdür. Bu hastalık, çoğunlukla sert ve yumuşak damak, uvula, üst çene diş etleri ve dilin arka kısmında tahrip edici ülserlere neden olur (111,112). EDVTHL, EBV ile yakın bir ilişki gösterir ve özellikle Güneydoğu Asya, Orta ve Güney Amerika gibi bölgelerde daha yaygındır. Biyopsi yapıldığında, lezyonlarda büyük nekroz ve atipik lenfositlerin karıştığı iltihaplı bir tablo görülür. Bu lenfositler genellikle damarların etrafında kümelenir. EDVTHL'nin tanısında, CD56, CD2 ve sitoplazmik CD3'ün pozitifliği önemli belirleyicilerdir (111). Tedavi genellikle radyoterapi ve/veya kemoterapi ile yapılmakla birlikte, hastalığın prognozu genellikle olumsuz yöndedir.

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