

Case Report

Aphthous Ulcer: A Case Report

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ABSTRACT:

Mouth ulcers are quite common in all age groups. They can be linked to several conditions such as simple injury due to acute trauma or due to a sharp tooth or to an autoimmune disease. There are several medications available on the market to treat mouth ulcers. But do we need to prescribe a medication every time? This report presents a case of a 34-year-old male who presented with an ulcer in the palate and was treated without a prescription.

KEYWORDS: aphthous; ulcer; cankersore

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INTRODUCTION:

An internal sore in the mouth known as a mouth ulcer can form anywhere. It is possible that a person can have one or more of these sores, which are typically red, yellow, or white. They can appear on gums, tongue, palate, oral mucosa, inner surface of the lips. They can make eating, drinking, and speaking very painful. They can occur due to bacterial or viral infection, sharing food with an infected person, digestive problems, autoimmune diseases or simply stress.^[1]

A few types of ulcers that a dentist may come across frequently are traumatic ulcers that occur because of minor trauma, stress, or digestive problems. Differential diagnoses may also include contact allergic stomatitis, traumatic fibroma, herpes simplex virus infection (cold sore), and aphthous stomatitis.^[2] Traumatic ulcers are caused by a sharp tooth, sharp edges of the appliance within the mouth or cheek biting.^[2] Ulcers can also be caused due to bacterial or viral infections. Ulcer location can also depict the reason causing it. For example, ulcer caused by herpes simplex viral infection occurs in vermilion border, attached gingiva, hard palate etc.^[11]

Oral ulcers usually resolve by themselves in

about a week if the cause is removed. Symptomatic relief can be achieved with over-the-counter anesthetic creams/gels and chlorhexidine 0.2% aqueous mouthwash to maintain good hygiene. However, mouth ulcers that last more than two weeks and don't resolve after removing the cause should be referred for biopsy.^[3]

CASE PRESENTATION:

A 34-year-old male came to our clinic with a complaint of sore in his mouth. He never had similar sores of such big size before. On clinical examination we found an ulcer 1 X 2 cm in diameter extending posterior to the molar area on the palate, not crossing the midline. The ulcer had a yellowish white appearance in the center and red erythematous border. The ulcer had been present for 2 days without causing any pain, itching or difficulty in eating. The oral hygiene of the patient was good with mild stains on some teeth. No signs of bleeding gums or tooth decay were evident. Further investigations and body vitals revealed no deviations from the normal. We diagnosed the case to be of aphthous ulcer major due to its size, presentation, and location (Figure).

Since the oral hygiene status of the patient was good and he did not have any signs of pain we

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Figure : Aphthous ulcer located on the left side of the palate.

prescribed non-alcoholic mouth rinse to prevent secondary infection, and warm saline rinses two to three times a day to counter inflammation. The patient returned after 10 days with a completely healed ulcer. The patient was scheduled for further follow-up after three months to check for recurrence.

DISCUSSION:

Break in the oral mucosal lining or erosion is referred to as mouth ulcer.^[9] Even though oral ulcers are not dangerous; they can pose discomfort to the patient. Canker sores can affect about 20% of the population. Since, the etiology is idiopathic, it is believed that they occur due to the activation of the cell mediated immune system.^[7]

They can occur due to the deficiency of vitamins Vit B, folate, or iron.^[1] Other common causes might be sensitivity to certain food items. The most frequent causes include spicy or acidic food, hormonal shifts, or even genetics.^[5] The exact cause of their occurrence is still unknown.^[1] Canker sores can often be painful, causing difficulty in speaking, eating or drinking but are not contagious.^[4] They do not leave a scar on healing.

Unlike this case, major aphthous ulcers might take up to six weeks to heal and they might leave a scar. Herpetiform ulcers, on the other hand, occur in small clusters of pinpoint 10 to 100 sores fusing together to form a large ulcer that is irregular in shape.^[10] However, they also heal within one to two weeks without scarring.^[4] Large aphthous ulcer that have slow healing might also be associated with HIV. Therefore, HIV testing must be carried out while ruling out the cause.^[8] A visit to a doctor is required when the discomfort is hindering day-to-day activities due to severe pain or

discomfort. Even non-painful ulcers that do not heal within 2 weeks should warrant a thorough medical work up.^[6] In most cases anesthetic creams such as orajel can be prescribed for symptomatic relief.

CONCLUSION:

Ulcers can occur due to a variety of reasons and might look concerning. But they are very common and there are a lot of treatment options available for symptomatic relief while they heal on their own. This particular case is a good example to show that if there is no pain or discomfort even a huge ulcer can heal on its own. Taking proper history can help us rule out the cause, which in most cases is unknown for aphthous ulcers.

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Conflicts of interest

There are no conflicts of interest.

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