

FREQUENCY OF APTHOUS ULCERS — A STUDY

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ABSTRACT

The purpose of the study was to find out the frequency of aphthous ulcers in patients seen at Altamash Institute of Dental Medicine, Karachi who came for their dental check-up from September, 2016 to November, 2016. A descriptive cross-sectional survey was conducted. A questionnaire regarding sign & symptoms of aphthous ulcer were used. 40 patients had oral ulcer at the time of examination. Complete medical & dental history was taken from every patient and after thorough clinical examination of oral dental tissues. Lips were found as the common site. Stress and spicy foods appeared to play a major role in their occurrence.

Key Words: *Aphthous ulcers, frequency, stress, spicy foods.*

INTRODUCTION

Sores are the common oral mucosal problem affecting most commonly females as compared to the males.¹ The causes vary from slight trauma (can be chemical, mechanical, thermal) to major systemic diseases.^{2,3} Oral ulceration may vary in size and number. The aphthous ulcers are classified depending upon their sizes. Following are the three types (minor, major, herpetiform).⁴

Minor ulcers make up more than 80% of all recurrent aphthous ulcers. They are shallow and well circumscribed, whereas major aphthous ulcers are deep. They usually heal without scarring.⁵

Prognosis is usually good. Proper diagnosis leads to successful treatment. The present study was designed to find out frequency of recurrent aphthous stomatitis and to access the predisposing factors related to this oral mucosal condition.⁶ Recurrent aphthous stomatitis occurs worldwide although it appears most common in the developed world. The etiology of aphthous ulcers is not entirely clear.⁷

METHODOLOGY

This study was conducted on patients who came for their dental checkup in outpatient department of Altamash Institute of Dental Medicine, Karachi. In this cross-sectional study, patients between the ages 11-70 years were included. After taking verbal consent from patients and their attendants, data were collected by using data collection form and clinical examination of oral cavity.

The questionnaire comprised of a date of last physical examination, personal history, demographic data, smoking habits and chewing of betel nut. Medical history included any systemic disease. Aggravating & relieving factors were also asked from the patient in order to come closer to a diagnosis. The patients were asked if any medication was taken to treat the condition or to relieve the symptoms. The clinical examination included a thorough intraoral examination of the mucosa, cheeks, lips & palate. Data were analyzed by using statistical package for the social sciences SPSS version 20.

RESULTS

Forty patients were diagnosed with aphthous ulcers. Out of which 80% were females. Patients with in their second decade of age were most commonly affected. Lip was the most common site followed by cheeks and palate. Stress was considered the most common contributory factor related to this condition.

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Minor Aphthous ulcers	Major Aphthous ulcers	Herpetiform
<ul style="list-style-type: none"> Number: 1-5 ulcer Age of onset: Teenage Common site: Lips, cheeks and tongue. Size: Less than 10mm Appearance: Shallow ulcers with yellowish gray base affecting non-keratinized mucosa. Healing: Heal within 10 days without scarring. 	<ul style="list-style-type: none"> Number: 5-10 ulcer Age of onset: Teenage Common site: Pharynx, palate. Size: Greater than 10mm Appearance: Crater like ulcers with rolled margins affecting both keratinized and non-keratinized mucosa. Healing: Heal within 4-6 weeks with scarring. 	<ul style="list-style-type: none"> Number: more than ten Age of onset: Old age Common site: Floor of mouth, gingiva, palate. Size: Less than 2mm Appearance: Multiple pin head size ulcers. Healing: Heal within 2-3 weeks with scarring.



Fig 1: Multiple ulcers on right side of lower lip



Fig 2: A aphthous ulcer on Labial mucosa with erythematous margins

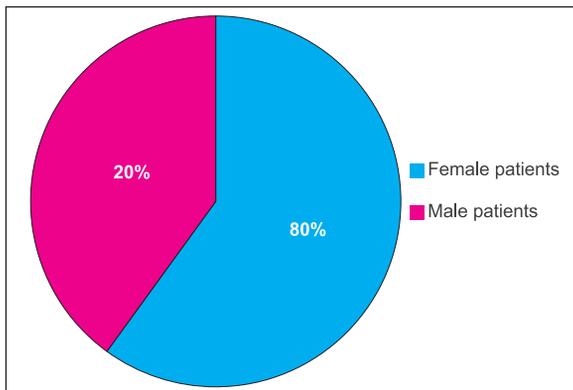


Fig 3: Gender distribution

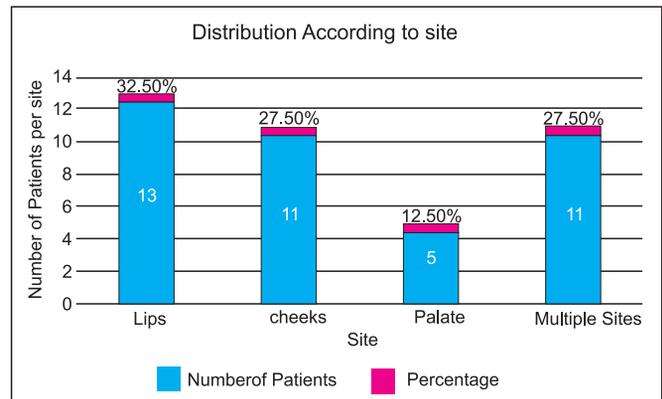


Fig 4: Distribution according to site

DISCUSSION

A recent study suggests prevalence of recurrent aphthous stomatitis among Indian females were more commonly.⁶ Recurrent aphthous stomatitis cause a lot of suffering and agony for patients throughout their life. Mostly ulceration is considered to be caused due to smoking, stress and spicy food.⁹ Another study suggests stress as a modifying factor rather than etiological factor.¹⁰ Cause is still unknown.¹¹ Children may inherit ulcers from their parents.¹² Young adults have higher levels of recurrent aphthous stomatitis as compared to elderly population.¹³ Treatment of recurrent aphthous stomatitis is symptomatic ranging from topical medications to systemic medications.

CONCLUSION

The survey suggests an important correlation between stress, spicy foods and oral ulcer ulceration. It may be controlled by minimizing the risk factors.

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