VIII./1.: Diseases of the oral cavity

Introduction
In what follows we will deal with the most frequently occurring diseases of the oral cavity and the lips.

VIII./1.1: Lips

VIII./1.1.1.: Developmental anomalies

Cleft lip and palate:
Pathogenesis and symptoms: according to some statistics 1% of the caucasian population is affected to various degrees. Its clinical significance is due to plastic and functional disorders.

Therapy: According to the extent of the malformation reconstruction can be made sometimes even in several steps, in many cases with the cooperation of various disciplines (otorhinolaryngology, oral surgery, dentistry, orthodontics).

In infancy the requirements of suitable nourishment must be provided (separation of the nasal and oral cavities), suitable ventilation of the tympanic cavity (generally implanting a permanent middle ear ventilating tube).

VIII./1.1.2.: Inflammation:

VIII./1.1.2.1.: Herpes simplex infection

Pathogenesis and symptoms: the lesion shows HSV virus caused tiny blisters. Most frequently these vesicles appear at the mucocutaneous junctions of the lip and the nasal orifice. About 90% of the population are carriers of the virus and clinical manifestation of the infection appears in about 1%. Its appearance is facilitated by situations that weaken the immune system. (e.g. stress, other illnesses being present at the same time, immunosuppression)

Therapy: symptomatic treatment, in case of pain or superinfection, in some cases using antiviral medication. (local, parenteral, or per oral).

VIII./1.1.2.2.: Herpes zoster infection

Pathogenesis and symptoms: It is caused by VZV. This painful disease travels down the nerve axon with several segmental, unilateral, rapidly progressive vesicles.

Therapy: symptomatic treatment, due to the occasionally occurring pain, and superinfection, antibiotic treatment may become necessary, in some cases antiviral medication. (local, parenteral, or per oral) for causal treatment.
**VIII./1.1.3.: Quincke-oedema**

**Pathogenesis and symptoms:** generally it is an allergic reaction to active ingredients in nourishment, certain foods which enter the body parenterally, which primarily cause the swelling of the lips and tongue, but the swelling of the face, eyelids, the pharynx or the larynx can occur as well, which may cause acute danger of suffocation.

**Therapy:** Systemic antiallergic treatment, antihystamine, preparations containing Ca or corticosteroids. As best as possible the triggering allergen must be found in order to avoid further exposure to it.

**VIII./1.1.4.: Angulus infectiosus oris**

**Pathogenesis and symptoms:** micotic and bacterial infection, iron deficiency, depressed resistance states. Similar lesions may occur in the case of Lues. If the disease persists during a long time the possibility of malignancy must be considered.

**Therapy:** Clarification of the causes, if possible, and treatment according to cause.

**VIII./1.1.5.: Leukoplakia**

**Pathogenesis and symptoms:** epithelial lesion caused by several agents that can lead to chronic irritation (mechanical irritation by sharp tooth edge, ill fitting denture, chemical irritation, smoking, excess alcohol consumption, extended sunshine exposure).

**Therapy:** The lesion must be excised with a healthy margin, meticulous histology, long term follow-up in order to notice any possible malignisation. Avoidance as best as possible of the provoking agent.

**VIII./1.2.: Oral cavity (tongue, soft and hard palate, floor of the mouth, cheeks):**

For herpes simplex, herpes zoster infections, Quincke-oedema, angulus infectious oris, leukoplakia see above.

**VIII./1.2.1.: Aphtae**

**Pathogenesis and symptoms:** of unknown origin, presumably not caused by pathogens, generally 1-5mm diameter, painful, mucosal surface lesion surrounded by a hyperaemic wound area. Predisposing factors: stress, hormonal change, or states of being infected. Aphtae appear most often on the mucosa of the mouth, the tongue, and the soft palate. Generally aphtae are intermittently recurring ulcerations.

**Therapy:** causal or prophylactic treatment is not yet known. Symptomatic treatment: painting with borax-glicerinl, AgNO3 solution may temporally reduce the pain caused by lesions.
**VIII./1.2.2.: Stomatitis mycotica:**

Pathogenesis and symptoms: In Europe most often it is caused by Candida albicans, less often by aspergillosis. It occurs most often in immunesuppressed patients who have undergone treatment with antibiotics, citostatics, corticosteroids, ovulation inhibitors or irradiation.

**VIII./1.2.3.: Herpangina**

Pathogenesis and symptoms: Coxsackie A virus infected fast healing clinical picture most frequently with small vesicles on the soft palate and the ventral pharyngeal arch.

Therapy: suitable mouth hygiene without medicinal treatment.

**VIII./1.2.4.: Sjögren syndrome**

Pathogenesis and symptoms: due to autoimmune processes the salivary gland tissue atrophies, which results in reduced quantity saliva secretion in the upper airways. Almost without exception there is bilateral parotid swelling.

Therapy: treatment is difficult due to the not quite clear etiology. Primarily symptomatic treatment is done. To alleviate dryness caused by reduced saliva secretion continuous mouth wetting is recommended. Corticosteroids used with autoimmune diseases can be considered, with regard to general corticosteroid side effects, or, in certain grave cases, immunesuppressing drugs may reduce complaints.

**VIII./1.2.5.: Banal glossitis**

Pathogenesis and symptoms: mechanical (e.g. sharp tooth edge, bad denture) or chemical (mouthwashes, substances used in dental treatment, etc.) irritation, perhaps deficiency (e.g. vitamin B –deficiency, iron deficiency,) may cause burning sensation most often on the tip of the tongue or at the edges.

Therapy: if possible eliminating the provoking agent and doing symptomatic treatment, and mouth cavity rinsing.

**VIII./1.2.6.: Mouth floor abscess (angina Luidovici)**

Pathogenesis and symptoms: through lesions on the tongue and the floor of the mouth or through tongue root tonsils, or tooth with caries, pyogenic agents enter the loose structured mouth floor tissues.

The developed clinical picture may be accompanied with severe pain, sometimes causing inability to swallow. The movement of the tongue is limited, the mouth floor bulges forward and feels hard on palpation. It may cause high fever, trismus, in extreme cases breathing difficulties.
**Therapy:** A widely, in most cases external incision of the emerging abscess is needed, in addition the abscess cavity must be well disinfected. Intravenous administration of wide spectrum, large dosage antibiotic is indicated. In case of the danger of suffocation (laryngeal involvement) temporal tracheotomy may be necessary. If dental origin may be suspected in the background of the emerging clinical picture, dental consultation and sanation is recommended.

**VIII./1.2.7.: Injuries**

**Pathogenesis and symptoms:** mechanical lesions, (blunt és sharp trauma) affect primarily the lips, while chemical effects (basic, acid fluids) primarily affect the oral cavity.

**Therapy:** beside eliminating the trigger agent, minimalisation of the harmful effect is the aim: in the case of chemical stress ablations with water is recomended, in the case of trauma, the wound needs to be attended to as soon as possible.