

Have You Ever Had a Painful Mouth Ulcer?



Common causes of mouth ulcers:

- Vitamin B-complex deficiency.
- Iron deficiency.
- Vitamin C deficiency.

Symptoms of mouth ulcers:

- Ulceration of mucosa in the cheek, palate or the sides of the tongue.
- Pain or bleeding.
- Difficulty in chewing and swallowing.
- Halitosis (bad breath).
- Glossitis (swollen tongue).
- Ulcers at the corner of the mouth (angular stomatitis).
- Dental infections.

Treatment of mouth ulcers

The first thing doctors do is try to find the cause of the ulcer. Painful ulcers are common, but painless ulcers are more sinister. If the patient has had the ulcer for more than three weeks, it needs to be biopsied. There are several tests that help doctors determine the cause of the ulcer.

Common painful ulcers can be treated with:

- Application of gels with ozabase.
- Application of topical steroids.
- Consumption of B-complex supplements

Certain other treatments or measures may also be necessary, depending on the cause of the ulcer:

- Correction of ill-fitting dentures.
- Application of specific clotrimazole lotions and creams for fungal ulcers.
- Antibiotics for bacterial infections.
- Topical and oral anti-viral drugs for herpes ulcers.
- Oral steroids in case of systemic diseases like SLE and Behcet's Syndrome.
- Iron supplements, oral Vitamin C supplements and Vitamins B1, B6 and B12 in either injectable or oral form, if a deficiency is suspected.

These are some recommendations for people with painful ulcers:

- Drink plenty of fluids.
- Avoid hot foods.
- Avoid chillies and spicy food.
- Eat soft foods.
- Include plenty of yoghurt in your diet.
- Avoid smoking, chewing betel nut and drinking alcohol.

Ulcers can also be symptoms of other diseases. These diseases include:

- Viral infections like herpes simplex virus, varicella virus (chicken pox), infectious mononucleosis, coxsackie virus or an HIV infection.
- Bacterial infections like acute necrotising ulcerative gingivitis (trench mouth), syphilis or tuberculosis.
- Fungal infections like candida or actinomyces.
- Skin diseases like pemphigoid/pemphigus vulgaris, drug reaction (Stevens-Johnson syndrome) or lichen planus.

• Other factors like:

1. Recurrent aphthous ulcers.
2. Traumatic ulcers, usually caused by ill-fitting dentures or accidental biting of mucosa.
3. Burns due to contact with hot fluids or cheese.
4. Cancers like squamous cell cancer, leukemia or lymphoma. The risk of cancer increases if the person is a smoker, an alcoholic, or a paan, supari or gutkha chewer.
5. Recovery from chemotherapy/ radiation.

It is important to know that a chronic painless ulcer is of major concern. Painless ulcers are the ones that require immediate attention. In smokers and paan or supari chewers, any red or white patches that appear are pre-malignant. These should be biopsied immediately, as they tend to turn malignant subsequently. It is also important to consider the site of the ulcer in the mouth. The high-risk sites are the lower lip, the floor of the mouth and the sides of the tongue.

With oral ulcers, attention should be paid to associated symptoms. These associated symptoms can indicate serious underlying diseases like Behcet' syndrome, SLE/ Chron's disease, gluten allergies, etc.

Associated symptoms may be:

- Genital ulcers
- Redness of eyes
- Skin lesions
- Intestinal symptoms
- Diarrhoea

**Data courtesy: Dr. Anil Ballani, Consultant General Physician, Hinduja Healthcare Surgical, Khar.*

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