RECURRENT APHTHOUS STOMATITIS

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ABSTRACT. Recurrent aphthous stomatitis (RAS), commonly called "canker sores," is a perplexing oral condition characterized by the recurrent development of painful aphthous ulcers on non-keratinized oral mucous membranes. This condition poses a significant challenge to patients and healthcare professionals due to its uncertain etiology. Patients often report a family history of RAS, suggesting a genetic predisposition. Factors such as local trauma, stress, smoking cessation, anemia, and hematinic deficiency have also been linked to the occurrence of RAS. Gastrointestinal conditions like Crohn's disease, ulcerative colitis, and malabsorption diseases, including celiac disease, are associated with the development of oral aphthous ulcers. RAS is a possible clinical manifestation of more severe conditions like Behçet's disease or HIV infection, making early diagnosis and management critical.

This activity offers a comprehensive review of the evaluation and treatment of recurrent aphthous stomatitis, providing healthcare professionals with the latest insights into this enigmatic condition. Participants will explore the diagnostic process, which relies on a thorough medical history and clinical findings. The program also delves into the various treatment modalities for RAS, emphasizing topical corticosteroids as the first-line approach and systemic steroids for more severe cases. Additionally, the use of immunosuppressants to prevent the formation of new RAS lesions and reduce the adverse effects associated with systemic steroids will be discussed. By participating in this activity, healthcare providers will gain a deeper understanding of RAS and its management, allowing them to provide more effective care for patients afflicted with this challenging condition.

Objectives:

Identify the etiology and predisposing factors of recurrent aphthous stomatitis.

Identify the typical examination findings of aphthous stomatitis.

Assess the management considerations for patients with aphthous stomatitis.

Compare differential diagnoses of recurrent aphthous stomatitis.

Introduction

Recurrent aphthous stomatitis (RAS) is a chronic oral mucosa inflammatory disorder with an uncertain etiology.[1] Diagnosis is based on medical history and

clinical findings. There seems to be a genetic predisposition to the condition, as up to 46% of patients report a family history of RAS.[2] Certain factors predispose to RAS, including local trauma, stress, smoking cessation, anemia, and hematinic deficiency.[3] Gastrointestinal conditions such as Chron disease, ulcerative colitis, and malabsorption diseases like celiac disease are also linked to the development of oral aphthous ulcers. Furthermore, RAS characterizes Behçet disease, and atypically severe RAS presentation may be a sign of HIV infection. Topical corticosteroids are the first line of treatment for managing RAS.[2][4] A short course of systemic steroids is reserved for more severe cases. Immunosuppressants are sometimes indicated to prevent the formation of new RAS lesions and decrease the prevalence of adverse effects experienced with systemic steroids.

REFERENCES

1. Sánchez-Bernal J, Conejero C, Conejero R. Recurrent Aphthous Stomatitis. Actas Dermosifiliogr (Engl Ed). 2020 Jul-Aug;111(6):471-480. [PubMed]
2. Chiang CP, Yu-Fong Chang J, Wang YP, Wu YH, Wu YC, Sun A. Recurrent aphthous stomatitis - Etiology, serum autoantibodies, anemia, hematinic deficiencies, and management. J Formos Med Assoc. 2019 Sep;118(9):1279-1289. [PubMed]
3. Scully C, Porter S. Oral mucosal disease: recurrent aphthous stomatitis. Br J Oral Maxillofac Surg. 2008 Apr;46(3):198-206. [PubMed]
4. Scully C, Gorsky M, Lozada-Nur F. The diagnosis and management of recurrent aphthous stomatitis: a consensus approach. J Am Dent Assoc. 2003 Feb;134(2):200-7. [PubMed]
5. Mimura MA, Hirota SK, Sugaya NN, Sanches JA, Migliari DA. Systemic treatment in severe cases of recurrent aphthous stomatitis: an open trial. Clinics (Sao Paulo). 2009;64(3):193-8. [PMC free article] [PubMed]
6. Savage NW, Seymour GJ, Kruger BJ. Expression of class I and class II major histocompatibility complex antigens on epithelial cells in recurrent aphthous stomatitis. J Oral Pathol. 1986 Apr;15(4):191-5. [PubMed]
7. Hasan A, Childerstone A, Pervin K, Shinnick T, Mizushima Y, Van der Zee R, Vaughan R, Lehner T. Recognition of a unique peptide epitope of the mycobacterial and human heat shock protein 65-60 antigen by T cells of patients with recurrent oral ulcers. Clin Exp Immunol. 1995 Mar;99(3):392-7. [PMC free article] [PubMed]
8. Shohat-Zabarski R, Kalderon S, Klein T, Weinberger A. Close association of HLA-B51 in persons with recurrent aphthous stomatitis. Oral Surg Oral Med Oral Pathol. 1992 Oct;74(4):455-8. [PubMed]
9. Bazrafshani MR, Hajeer AH, Ollier WE, Thornhill MH. Recurrent aphthous stomatitis and gene polymorphisms for the inflammatory markers TNF-alpha, TNF-

beta and the vitamin D receptor: no association detected. Oral Dis. 2002 Nov;8(6):303-7. [PubMed]

10. Mizuki N, Ohno S, Sato T, Ishihara M, Miyata S, Nakamura S, Naruse T, Mizuki H, Tsuji K, Inoko H. Microsatellite polymorphism between the tumor necrosis factor and HLA-B genes in Behçet's disease. Hum Immunol. 1995 Jun;43(2):129-35. [PubMed]
11. Huling LB, Baccaglini L, Choquette L, Feinn RS, Lalla RV. Effect of stressful life events on the onset and duration of recurrent aphthous stomatitis. J Oral Pathol Med. 2012 Feb;41(2):149-52. [PMC free article] [PubMed]