RECURRENT APHTHOUS STOMATITIS IN RHEUMATOLOGY

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ABSTRACT. Recurrent aphthous stomatitis consists on recurring oral ulcers of unknown etiology. Oral ulcers may be different in number and size depending on the clinical presentation, which also determines the time needed for healing. Moreover, there are factors associated to outbreaks but not implicated in its etiopathogenesis. When oral aphthosis has a known etiology, it is not considered as recurrent aphthous stomatitis. The severity and the clinical presentation helps in the differential diagnosis. Treatment is symptomatic in recurrent aphthous stomatitis while, if there is an underlying systemic disease, the treatment of such disease is need in addition to topical treatment.

Objectives:

La aftosis oral recurrente consiste en la aparición de episodios repetidos de úlceras sin que exista una causa conocida. Son úlceras orales en número y tamaño variable según la forma de presentación, la cual también condiciona el tiempo necesario para la curación. Existen factores que favorecen su aparición, pero no son causales. En determinados casos, los brotes de aftosis tienen una causa conocida y entonces no se considera una aftosis oral recurrente. La forma de presentación de las úlceras y su gravedad son claves en el diagnóstico diferencial. El tratamiento es sintomático en la aftosis oral recurrente, mientras que si existe una causa sistémica de base el tratamiento será el indicado en este caso además del tópico.

Differential Diagnosis

The presentation of oral aphtae helps in the differential diagnosis. According to it, diagnosis can be guided according to whether it is a solitary ulcer, recurrent episodes of one or more ulcers that heal spontaneously, a single episode preceded by blisters, ulcers affecting multiple oral locations, or persistent oral aphthosis affecting different sites (Table 2).32 With the emergence of recurrent episodes of one or more ulcers that heal spontaneously, the differential diagnosis must be made between recurrent aphthous stomatitis, Behçet's disease, aphthous-like-ulcers due to systemic diseases or drugs and recurrent erythema multiforme.

Introduction

Aphtae (Greek aphtai, burn) are ulcerated lesions that sit on the mucosal surface where, unlike erosion, loss of continuity involves the whole epithelial lining and may affect the underlying connective tissue.

Aphthosis presents with ulcerated oral lesions (aphtae), which are often painful and self-limiting. The causes of oral ulcers are diverse: infectious skin diseases, cancer, hematological diseases, gastrointestinal diseases, rheumatic diseases, drugs, and radiotherapy (Table 1).1–4 They appear almost always in non-keratinized areas of the mouth found on the mucosal lining (inside of the cheeks, inner lips, soft palate, ventral tongue, and floor of the mouth), but are not exceptional in the keratinized surface that constitutes the masticatory mucosa (gingiva and hard palate), or even the specialized mucosa, which is located in the epithelium of the dorsal tongue. They are considered acute if lasting less than six weeks or chronic if they last longer. When in the form of recurrent oral outbreaks in the absence of a systemic cause, they are referred to as recurrent oral aphthosis (ROA) or recurrent aphthous stomatitis.

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