

CLINICAL COURSE OF RECURRENT APHTHOUS STOMATITIS IN WOMEN OF FERTILE AGE: ETIOLOGICAL FACTORS, SYMPTOMS, AND TREATMENT APPROACHES

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Etiology and Pathogenesis

The pathogenesis of RAS involves a complex interplay of genetic, immunological, and environmental factors. It is believed to be a T-cell mediated immune response against the oral mucosa. Genetic predisposition plays a significant role, with several polymorphisms identified in genes related to immune function, such as TNF- α , IL-1 β , and NOD-like receptors. In women, hormonal fluctuations, particularly during the menstrual cycle, have been suggested to influence the occurrence of RAS. A study comparing serum levels of sex hormones in women with RAS and healthy controls found significant differences, indicating a potential hormonal influence on RAS development. Other contributing factors include nutritional deficiencies (e.g., vitamin B12, iron, folic acid), stress, trauma to the oral mucosa, certain medications, and systemic conditions like celiac disease and inflammatory bowel disease.

Clinical Features

RAS typically presents as round or oval ulcers with a white or yellowish center and a red halo. These lesions are usually painful and can interfere with eating, speaking, and swallowing. The ulcers are most commonly found on non-keratinized oral mucosa, such as the inner lips, cheeks, and the floor of the mouth. The condition is generally self-limiting, with ulcers healing within 7–10 days, but recurrences are common.

Management Strategies

Management of RAS focuses on alleviating symptoms and reducing the frequency of recurrences. Treatment options include:

- **Topical agents:** Corticosteroids (e.g., triamcinolone acetonide), antiseptics (e.g., chlorhexidine), and protective pastes can reduce inflammation and promote healing.
- **Systemic therapy:** In severe cases, systemic corticosteroids or immunomodulatory agents may be considered.
- **Dietary modifications:** Avoiding trigger foods (e.g., acidic, spicy foods, and sodium lauryl sulfate-containing toothpaste) can help prevent outbreaks.
- **Nutritional supplementation:** Addressing deficiencies in vitamins and minerals may reduce the frequency of ulcers.

References

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