

RED AND WHITE LESIONS OF ORAL MUCOSA

White lesions- it is a non specific term used to describe any abnormal area of the oral mucosa that on clinical examination appears whiter than surrounding tissues & is usually slightly raised roughened or different texture from adjacent normal tissue.



White lesion-

- Abnormal area of oral mucosa
- whiter than surroundings tissues
- Slightly raised and roughened
- Different texture from adjacent normal tissue.

Keratosi-

- Increased thickness of the epidermal covering
- Increased keratin production- Keratosis
- Imbibition of fluids- whitish mucosa
- Whitish appearance in burns- coagulation of surface tissues- pseudomembrane(epithelial cells, fibrin, inflammatory cells)

Red Lesion



- Area of reddened mucosa
- Smooth and atrophic, with granular and velvety texture
- Combination of red and white lesions-
speckled leukoplakia

Non keratotic white lesions

- Lesions easily dislodged with gentle rubbing or scraping leaving a reddened or raw patch of mucosa- Non keratotic white lesions
eg. candidiasis

Keratotic white lesions

- White lesion that resist rubbing and scraping- Keratotic white lesion
eg. leukoplakia

Precancerous lesion

- Defined as a morphologically altered tissue in which cancer is more likely to occur than its apparently normal counter part.

eg. Leukoplakia

erythroplakia

Precancerous condition

- Defined as a generalised state that is associated with a significantly increased risk of cancer.

eg. Lichen planus

OSMF

Syphilis

CLASSIFICATION

- Normal variations

leukoedema

fordyce's granules

linea alba

II. Non keratotic white lesions

habitual cheek & lip bite

burns- thermal, dental medicaments etc.

radiation mucositis

Koplik's spots

Classification

- Red and white tissue reactions
- Infectious diseases
 - Oral Candidiasis
 - Hairy Leukoplakia
- Immunopathologic Diseases
 - Oral Lichen planus
 - Drug Induced Lichenoid reactions
 - Lichenoid reactions of graft versus Host disease
 - Lupus erythematosus

- Allergic reactions
 - Lichenoid Contact reactions
 - Reactions to Dentifrices & Chlorhexidine
- Toxic reactions
 - Reactions to smokeless tobacco
 - Smoker's Palate
- Reactions to Mechanical Trauma
 - Morsicatio buccarum

- Other Red & White Lesions

Benign migratory glossitis- Geographic
Tongue

Leukoedema

White sponge nevus

Hairy tongue

Infectious Diseases

- Oral Hairy Leukoplakia
- Candidiasis

Oral Candidiasis

- It is the most prevalent opportunistic infection affecting the Oral Mucosa caused by yeast *Candida Albicans*

Infections caused by fungus CANDIDA

C. Albicans, *C. Tropicalis* & *C. Glabrata* are the species isolated from 80% of infections

Classification

- Acute- -Familial chronic mucocutaneous C
- Pseudomembranous- -Diffuse chronic mucocutaneous C
- Erythematous- -C Endocrinopathy syndrome
-Familial mucocutaneous C

- Chronic - severe combined Immunodeficiency
- Pseudomembranous - Di George syndrome
- Erythematous - Chronic granulomatous disease
- Plaque like - AIDS
- Nodular
- Candidal associated Lesions
 - Denture stomatitis
 - Angular Cheilitis
 - Median rhomboid Glossitis

PREDISPOSING FACTORS

- **Local - PREDISPOSING FACTORS**
 - **Denture wearing**
 - **Smoking**
 - **Atopic Constitution**
 - **Inhalation of Steroids**
 - **Topical Steroids**
 - **Hyperkeratosis**
 - **Imbalance of the oral Micro Flora.**
 - **Quality& quantity of saliva.**

GENERAL- PREDISPOSING FACTORS

- Immunosuppressive disease.**
- Impaired health status.**
- Immunosuppressive drugs.**
- Chemotherapy.**
- Endocrine disorders.**
- Hematinic deficiencies.**

Clinical Features



- Pseudomembranous Candidiasis (Thrush)–
 - White Plaque like areas on Oral Mucosa
 - Involves superficial areas Of Epithelium
 - Removal of This Plaque Reveals Underlying Erythematous or erosive areas
 - Plaque is composed of desquamated epithelial cells, inflammatory cells, Fibrin, Yeasts & Mycelial Elements.

- In Infants it is described as soft white or bluish white adherent to the Oral Mucosa.
- In adults Inflammation, erythematous & Painful Eroded areas are seen

Prodromal Symptoms

- Bad Taste, Loss of Taste
- Burning of the Mouth & Throat

Differential Diagnosis

- Flecks Of Milk
- Food Debris
- Antacids remaining on the Oral Mucosa
- Cheek Bite
- White Sponge Nevus

Erythematous Candidiasis



- Previously called as Atrophic Oral Candidiasis
- Erythematous surface not just reflect the atrophy but Can also be explained by increased Vascularization.
- The lesion has Diffuse border which helps to Distinguish from Erythroplakia

- Commonly seen on the Palate & Dorsum of the Tongue – Inhalation Of Steroids
- Erythematous Candidiasis may be considered as successor to pseudomembranous candidiasis but may also emerge de novo.

Chronic Plaque – type & Nodular Candidiasis

- Previously called as candidal Leukoplakia
- Clinical presentation is characterized by a white plaque, which may be indistinguishable from the Oral Leukoplakia
- Correlation between Oral Candidiasis and Moderate to severe Epithelial Dysplasia has been observed
- Associated with Malignant transformation

Candidal Leukoplakia



Denture stomatitis

- Commonly seen in denture bearing palatal mucosa & Unusual to Mandibular Mucosa
- Classified into 3 Types

Type 1- Localized minor Erythematous areas caused by denture trauma

Type 2 – Effects the Major part of the denture covered area

type 3 – Granular mucosa in the Central Part of Palate with Type II

Denture stomatitis



Angular Cheilitis

- Infected Fissures In the Angle Of the Mouth
- Vit B12, Iron Deficiency, Loss of vertical dimension is associated with angular cheilitis.
- Atopy is also associated
- Dry skin enhances the fissures in the commissures allowing invasion by micro organism

Angular Cheilitis



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