Common Oral Lesions

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Condition	Description/Presentation	Location/Size	Origin/Pathology	Therapy
Mucocele	• Painless, dome-shaped, fluctuant, cystic-appearing • Superficial lesions: translucent, soft, bluish • Deep lesions: normal mucosal color, firm • Most often seen in children and adolescents	• Most often lower lip • Millimeters to centimeters, fluctuate with rupture and reorganization	• Arising from obstruction or rupture of minor salivary gland • Benign, but some mucin-producing salivary tumors can mimic	• Majority require surgical excision • Cryosurgery can be used for superficial lesions
Ranula	• Clinical variant of mucocele • Occurs only in floor of mouth • Unilateral, dome-shaped, lateral to lingual frenulum • Resembles frog's belly (*rana* is frog in Latin)	• large, can elevate tongue, affect speech and swallowing • Fluctuates, reflecting increased secretory activity just before meals, shrinking during sleep	• Retention cyst in the submandibular or sublingual glands	• Definitive treatment requires removal of involved salivary gland, • *Not* marsupialization, which may lead to recurrence
Angular cheilitis (perleche)	• Erythema, maceration, deep fissures • Non-bleeding, restricted to skin surface	• Corners of mouth, bilateral	• Ill-fitting dentures with decreased vertical dimension • Habitual lip-licking allowing saliva to collect in corners • Vitamin B deficiencies • Candidal superinfection Staphyloccoccal superinfection	• Correct underlying cause • Treat superinfection • Nystatin cream

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Candidiasis	• Either as fine whitish deposit or as small, soft, white, slightly elevated plaques resembling cottage cheese • Commonly burning, tender, or painful	• Any or all mucosal surfaces	• Candida albicans (a component of normal oral microflora) may proliferate and invade tissue if a change in competitive flora occurs (eg, broad-spectrum antibiotics), or as result of a drastic decrease in tissue resistance and immunologic defenses (eg, leukemia, AIDS, chemotherapy)	• Topical antifungal agents (nystatin) • Improving oral hygiene • Maintaining health • Systemic therapy with azole compounds for widespread infection or if unresponsive to topical therapy (ketoconazole 200 mg/day for 2 weeks)
Erythroplakia	• Persistent velvety, granular, or smooth red patch (light pink to fiery red), macular or slightly raised, single or multiple, well-circumscribed or blending with surrounding tissue—difficult to detect • Detection enhanced by drying mucosa with gauze, which intensifies color • Most often seen in men in sixth to eighth decade	• Floor of the mouth • Lateral or ventral tongue • Soft palate	• Most common in users of tobacco and alcohol • 3 of 4 lesions show severe dysplasia, carcinoma in situ, or frank carcinoma	• If local trauma and infectious foci have been eliminated and lesion persists 14 days, biopsy is mandatory • If confirmed, must undergo complete excision
Snuff dipper's hyperkeratosis	• Asymptomatic wrinkles and fissures dividing the mucosal surface into small nodular cobblestoned areas, a red dot appearing in the middle of each nodule representing inflamed orifice of minor salivary gland duct • Most often seen in men, old and young	• Mucosal surface of inner lip or cheek that is in direct contact with smokeless tobacco	• Nonspecific; hyperplastic epithelium but dysplasia is uncommon	• Majority resolve within one month of discontinuation of tobacco

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Oral mucosal leukoplakia	• Slightly elevated, white, translucent, hyperkeratotic plaque with sharp borders ("a white patch or plaque that cannot be characterized clinically or pathologically as any other disease"—World Health Organization • Millimeters to centimeters • Smooth or verrucous • Usually in men over 40, 8% of men over 70 • 80% in tobacco users	• 3 in 4 on vermilion border of lips • Buccal mucosa, gingiva; tongue	• 1 in 4 lesions show dysplasis; 10-20% show carcinoma in situ or frank carcinoma risk of malignant transformation 5-50% based on risk factors and thickness of lesion	• Mandatory biopsy; eliminate tobacco, alcohol, other irritants • If dysplastic or malignant, excise and follow
Leukoedema	• Asymptomatic, diffuse, opalescent, milky, wrinkled; white disappears with stretching • Usually in non-Caucasians with poor oral hygiene	• Buccal mucosa, occasionally labial mucosa, soft palate	• Excess hydration of mucosal epithelium; normal variant	• No treatment required
Linea alba	• White streak at level of occlusive plane	• Buccal mucosa • Usually bilateral	• Normal epithelial thickening	• Recognition as a normal variant
Lichen planus	• Asymptomatic reticular white lines, plaques, or papules (keratotic type) or burning erythema or bullae (erosive type) • Usually Caucasian women in fifth to sixth decade	• Usually buccal mucosa or tongue, but any site • Concomitant genital lesions	• Liquifaction degeneration of basal cell layer accompanied by bandlike lymphocytic infiltrate in submucosa • 1% malignant transformation	• Potent topical corticosteroids • Regular examinations • Eliminate tobacco and alcohol

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Nicotinic stomatitis	• Asymptomatic, diffuse, white, thickened, wrinkled mucosa, with numerous 1-2 mm papules with central red punctum • Usually in long-term pipe smokers	• Hard palate	• Benign reactive process from thermal irritation	• Reversible with cessation of tobacco
Geographic tongue	• Asymptomatic single or multiple irregularly shaped denuded patches • Millimeters to centimeters, appearing to migrate • 1-2% of population, more often in females, all ages, familial tendency • Associated with other hereditary cutaneous disorders	• Tongue, and rarely simultaneously on lips, buccal mucosa, palate	• Loss of filliform papillae with marginal • Hyperkeratosis and intense inflammatory infiltrate • Benign migratory glossitis	• No treatment required • May persist or resolve spontaneously • Bland diet if discomfort
Hairy tongue	• Asymptomatic black, yellow, brown, or white matted layers, occasionally with halitosis or altered taste • Associated with broad-spectrum antibiotics, radiation therapy, or poor oral hygiene • Also in drug addicts, alcohol and tobacco users, HIV patients	• Dorsal mid-posterior third of tongue	• Elognated papillae, 12-18 mm, often with Candida overgrowth	• Topical retinoids and antifungal agents
Varicocele	• Superficial, painless, bluish, congested	• Ventral surface of tongue	• Partial blockage of vein	• No treatment required beyond recognition

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Gingivitis and periodontitis	• Usually painless, erythema, edema, bleeding • Associated with blood dyscrasias, viral infections, mucocutaneous diseases, hormonal disturbances, drugs (necrotizing gingivostomatitis an uncommon, epidemic condition on college campuses in individuals with stress, poor nutrition, poor oral hygiene, alcohol and tobacco use)	• Soft and hard tissues that support the teeth	• Initiated by accumulation of dental plaque, can progress to loss of connective tissue, resorption of bone	• Tooth-brushing, flossing, professional teeth cleaning
Aphthous ulcers	• Tender deep crater • Accidental, self-inflicted, or iatrogenic	• Tongue, lips, mucobuccal fold, gingiva, palate	• Traumatized mucosa, extending to entire thickness of surface epithelium	• With removal of mechanical, thermal, or chemical cause, notably orthodontic appliances in children, dentures in adults, most heal within days
Herpes ulcers	• Painful vesicles that rapidly ulcerate and coalesce • Associated with trauma, stress, hormonal inbalance, immunosuppression • Usually in children and young adults	• Any or all oral mucous membranes	• Presence of multinucleated giant cells in Tzanck preparation confirms diagnosis	• Acyclovir, topical anesthetic agents • Chlorhexidine
Epulis	• Elongated folds of tissue seen in poor fitting dentures	• Base of alveolar ridge	• Mixed inflammatory infiltrate surrounding coarse collagen bundles overlying normal epithelium	• Surgical excision of fold of tissue while denture adjusted

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Torus palatini **Mandibular torus**	• Asymptomatic bony protuberances, smooth or lobular, usually bilateral; easily traumatized • Occur in 5-10% of population, discovered in young adults, usually women	• Mandible or hard palate	• Benign exostosis	• No treatment required, unless interferes with dentures, speech, psyche