

Oral Dermatology

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I. Extraoral head and neck examination

- A. Skin
- B. Parotid glands
- C. Lymph nodes
- D. Temporomandibular joint
- E. Lips

II. Examination of the Oral Cavity

A. Requirements

- 1. Time
- 2. Adequate light
- 3. Gloves
- 4. Tongue depressor or mouth mirror
- 5. Gauze sponges

B. Methodical Procedure

- 1. Remove dentures and occlusal appliances
- 2. Use gauze
 - a. Dry surfaces
 - b. Observe color, texture, integrity
 - c. Wipe away debris
 - d. Grasp anterior tongue
- 3. Observe and palpate
 - a. All surfaces of tongue
 - b. Lingual aspect of mandible
 - c. Floor of mouth
- 4. Examine gingivae and teeth
- 5. Examine retromolar trigone-soft-palate-tonsillar pillar complex

III. Considerations

A. Common things occur commonly

B. Distinguishing features of lesions or diseases

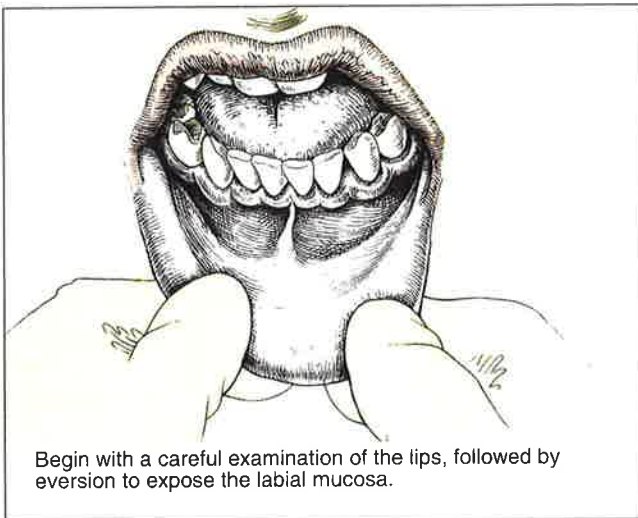
- 1. History
- 2. Symptoms
- 3. Location
- 4. Distribution
- 5. Surface features
- 6. Size
- 7. Texture
- 8. Borders of lesion

Oral Dermatology (cont'd)

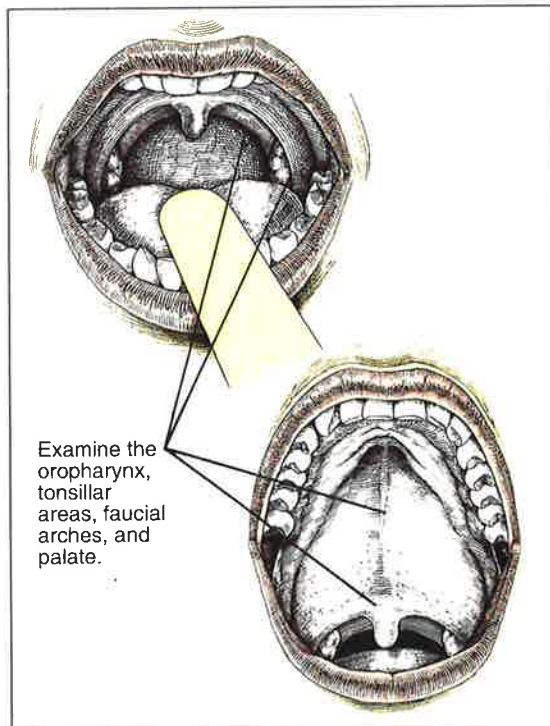
- C. Broad classification of lesions
 - 1. Developmental disturbances
 - a. Congenital
 - b. Genetic
 - c. Environmental
 - 2. Inflammatory or reactive
 - 3. Infectious
 - 4. Neoplastic
 - a. Benign
 - b. Malignant

Physical examination of the oral cavity

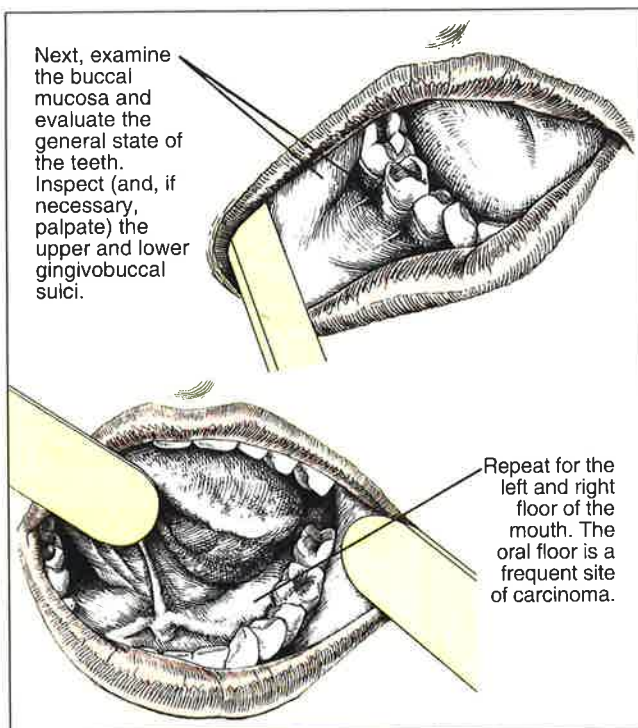
Complete head and neck examination should include thorough visualization of the ears, nose, oropharynx, nasopharynx, hypopharynx, and larynx as well as the oral cavity; in young children, general anesthesia may be necessary.



Begin with a careful examination of the lips, followed by eversion to expose the labial mucosa.

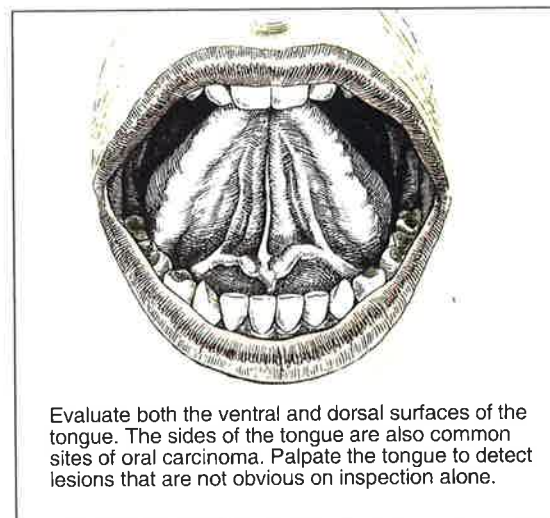


Examine the oropharynx, tonsillar areas, faucial arches, and palate.



Next, examine the buccal mucosa and evaluate the general state of the teeth. Inspect (and, if necessary, palpate) the upper and lower gingivobuccal sulci.

Repeat for the left and right floor of the mouth. The oral floor is a frequent site of carcinoma.



Evaluate both the ventral and dorsal surfaces of the tongue. The sides of the tongue are also common sites of oral carcinoma. Palpate the tongue to detect lesions that are not obvious on inspection alone.

Note: The nasopharynx, hypopharynx, and base of the tongue can also be examined using appropriate mirrors. Such mirrors are also useful in visualizing the lingual gingiva and the most anterior part of the oral floor and hard palate.