PRINCIPLES OF THERAPY

In some lesions of the oral mucosa , specific treatment is directly indicated by the diagnosis. For instance, infections by an identifiable organism may be treated hy the use of an appropriate antibiotic . In many oral lesions such rational therapy is not,however , available, often because of a lack of knowledge of the factors causing the condition , and so it is necessary to fall back on ton on-spesific treatment modalities , such as topical antibiotics, antisetics, local and systemic corticosteroids , and immunomodilating drugs.

Topical therapy

Topical therapy has several advantages over the systemic administration of drugs. Side- effects, although not eliminated, are usually reduced and local application allows for maximum concentration of the drug at the site of the lesion .Agents tend to be more effective if they can be retained locally for as long as possible.

Covering agents:

A number of gels and pastes are available to provide mechanical protection of ulcerative areas in the mouth.Agents such as carmellosa gelatin gel may also be used as carriers for more active substances such as steroids or antifungal agents. A number of preparations of this kind are commercially available and others can be made up by a pharmacist . Unfortunately ,patients often report difficulty applying these pastes , particularly at the back of the mouth.

Topical antiseptics

Chlorhexidine has antibacteriel and some anticandidal activity and is currently the most effective antiplaque agent.Chlorhexidine can be used as a mouthwash , spray,or gel to control secondary infection in mucosal ulceration and as an adjunct , or short-term alternative , to toothbrushing and other oral hygene measures.However , it frequently stains teeth brown and may cause discoloration of the tongue.Staining of the teeth is reversible but can be a problem with long –term use. Some patients do not like the taste of chlorhexidine and occasionally it causes idiosyncratic mucosal irritation. Parotid swelling has been reported in a few cases following use of chlorhexidine.

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Topical analgesics and anesthesics

A topical analgesics preparation such as benzydamine may provide temporary symptomatic relief for erosive and ulcerative oral lesions and enable the patient to eat and drink.Topical anaesthetic agent such as lidocaine gel (or rinse) can also be used for short-term symptomatic relief but should be prescribed with caution since secondary trauma could easily be painlesly effected during the period of anaesthesia.

For analgesic purpose in Turkey benzidan gel, benzidan sprey,benzidan gargara (rinse) are used.

In adults Benzidan spray sprayed into the mouth for three hours interval

It should not be used in pregnant woman and children younger than 6 years old of age.

Numbness and Paresthesia in the mouth can be seen as a side effect.

A further precaution to be taken includes the avoidance of preparations of sufficient strength to affect the laryngeal reflexes.

 Lidocaine rinses should not be used for long periods of time because of the possibility of systemic absorbtion and side-effect. In spite of these difficulties , it is, from time to time justifiable to prescribe treatment of this kind . Local anaesthetics are also included in some throat lozenges and mouth ulcer pastilles (or paste) on sale on the public.

In Turkey there is not the forms of spray and rinse of topical anaesthetics.

In Turkey there is lidocain gel form and its name is “lidestol gel”

Equivalents: lokalen ointment, lidestol gel, ointment anestol

Topical antibiotics

There are inherent disadvantages associated with the use of topical antibiotics because of the possibilities of selection for resistant strains and of inducing hypersensitivity reactions in the patient . The value of topical antibiotics outweighs such risks in some cases.Tetracycline (or chlortetracycline) is a useful topical antibiotic. As a two per cent solution , it is often effective in reducing secondary infection in cases of aphtous stomatitis , primary herpetic stomatitis ,erosive lichen planus, and other severe ulcerative conditions. Interestingly chlortetracycline moutwashes are particularly effective in reducing the discomfort of herpetiform aphtous stomatitis.

Use of topical antibiotics cannot normally be accepted as long-term treatment for recurrent conditions and it is best regarded as treatment reserved for acute episodes. The mouthwash may be made by the patient dissolving the contents of a 250 mg tetracycline capsule in 10 ml of water to give a 2 per cent solution It may be more effective to have the solution accurately made up by the pharmacist, including 10 per cent of glycerol as a demulcent. If the treatment is not unduly prolonged, there is minimal trouble from overgrowth of resistant organisms in the mouth, although a candidal infection may occur and must be appropriately dealt with.

It has the disadvantage of broad spectrum antibiotics . Because: Hypersensitivity reactions may occur, Microorganisms can acquire resistance and Candidas which are opportunistic organisms develop. Antibiotic söre tongue may develop.

Topical corticosteroids

Topical steroids are effective drugs in the treatment of recurrent aphtous ulcers.

These effects are in two ways:

1. First effect is antienflamatory effect
2. Second effect is to block T lymphocytes

For this purpose most frequently used topical preparations are hydrocortisone hemisuccinate and triamcinolin acetonid. Triamcinolone acetonid (Kenacort A Orabase) is applied 4 times a day on dry ulcers with a moist fingers.

There is no preparation of hydrocortisone hemisuccinate in Turkey.

Steroid moutwashes

Steroid moutwashes can be made by the patient dissolving soluble betamethason or prednizolone tablets in 10-15 ml of water. Steroid moutwashes should not be swallowed and patients should be monitored for side-effects , as for systemic steroids because of the risks of systemic absorbtion.

Betamethasone mouthwash preparation: dissolve a soluble betamethasone sodium phosphate (0.5 mg) tablet in 10 ml of H2O AND hold in mouth for 3 minütes before spitting out . Use three times Daily if required. Do not swallow.

Steroid sprays

Steroid sprays or inhalers such as betamethasone can be used for treating one or two isolated ulcers or erosions , particularly if they occur in the anterior part of the mouth Which is accessible.

In Turkey there is not steroid spray.

Steroid ointments and creams

They may be used to treat a number of conditions seen in the oralmedicine clinic that affect the lips (for example, angüler cheilitis) and perioral tissues.

Creams are emulsions of oil and water anda re usually well absorbed into skin. Generally , creams are cosmetically more acceptable than ointments because they are less greasy and therefore suitable for use on the face. Creams usually contain preservatives ( for example chlorocresol and parabens) unless their active ingredient has sufficient intrinsic antimicrobial activity. Preservatives may cause sensitization and ultimately an allergic contact dermatitis.

Ointments are greasy preparations that are insoluble in water. They are particularly useful for treating chronic, dry skin, conditions and are less easily washed off than creams.

Triamcinolone acetonide is used for administration 2-4 times daily on aphthous ulcers as a cream

 In Turkey , Kenacort A Orabase is used in 0.1% to 20 g. and 0.1% 5g. As Ointment forms . this drug is more effective at night Because saliva is low and patients do not eat at night.

**SYSTEMİC THERAPY**

Systemic therapy with non-specific immunomodilating drugs such as steroids and azathioprine , together with substances such as thalidomide, are increasingly being used for severe ulcerative and erosive oral conditions . These drugs have signicifant side-effects , however and patients require careful assesment and monitoring under hospital supervision

**Sytemic corticosteroids**

The use of systemic corticosteroids fort he treatment of oral mucosal lesions is justifiable if topical therapy has failed . Prednizolone has predominantly glucocorticoid activity and is the corticosteroid most commonly taken orally for long-term disease supression. Oral lesions , such as majör aphthae or erosive lichen planus, may need to be managed by a short (2-6 week) reducing course of prednisolone. Other intractable and severe cases may justify and necessisate long-term prednisolone therapy, with its associated disadvantages and side-effects. In many of these cases the oral lesions are part of a widespread and more ge neralized condition, such as pemphigus or Beçet’s syndrome

The patients under steroid treatment should carry warning card at all times.

Systemic corticosteroids are drugs such as thalidomide, azathioprin, ciclosporine, colchicine, dapsone.

SİDE-EFFECTS OF SYSTEMİC CORTİCOSTEROİDS

Hypertension

Sodium and water retantion

Loss of potasium

Diabetes mellitus

Osteoporozis

Mental disorders

Peptic ulcer

Opportunistic infections

Lymphomas

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