

Compilation of Various Oral Pathological Cases We Face in Day To Day Practice

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Oral Lichen Planus (OLP)

5 8/F presented with burning sensation & pain while taking hot & spicy food, discomfort while chewing & speaking.

O/E, Whitish lacy patches, red swollen tissues with ulceration on the left lateral border of the tongue. She came with same problem 4 years ago was detected with Reticular type of OLP by Incisional Biopsy, which recurred recently.

She was prescribed Topic Steroids along with Antifungal mouth paint. For adjuvant beneficial effect, she was prescribed Retinoids, Lycopene, Zinc & Vit A supplements along with Clonazepam/TCA to combat BMS.



Atrophic Glossitis Superimposed With Opportunistic Candida Infection



55/F presented with burning sensation & severe pain while taking food, She couldn't perform chewing, swallowing & talking normally. She gave H/O Anti hypertensive & Diabetic medications (20 Units of LAI & 10 Units of SAI) since 5 yrs; poor control Hb1 C > 8.25.

O/E erythematous (fiery red) & bald appearance with tiny ulcerations of lateral border of tongue and thickened dorsum surface. Generalized periodontitis was also present.

She was diagnosed with Atrophic Glossitis superimposed with opportunistic Candida infection. She was referred to physician for poor diabetic control and prescribed Antifungal mouth paint along with Clotrimazole supplement, Topical anesthetics, Artificial saliva supplements, Topical Steroids and Multivitamin, Iron along with Anti anxiety medications.

Smokeless Tobacco Keratosis (Snuff Dipper's Disease)

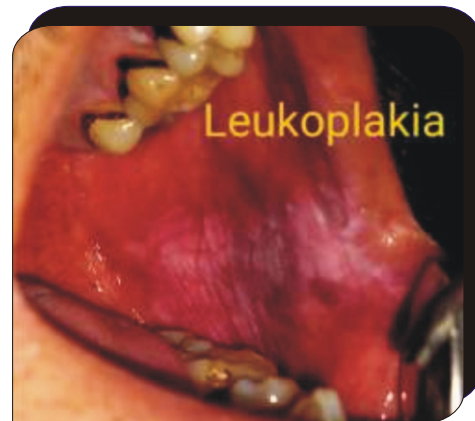


42/M patient came with the complaint of burning sensation and white spots in the oral cavity. He gave H/O of chewing tobacco products since 12 years. He used to hold the tobacco snuff in the buccal vestibule.

O/E white wrinkled surface with erythematous patches in the labial & buccal vestibule.

It leads to Leukoplakia which is a Precancerous lesion, so he was advised to quit the habits, prescribed Chlorhexidine ointments, topical steroids along with Vit A, Anti oxidant, Lycopene & Zn supplements.

Leukoplakia



45/M patient presented with bilateral whitish patches in the both sides of cheek. He gave the H/O of chewing betel nut since 15 yrs.

O/E white band like patches extended from corner of the mouth to retro molar region. He was diagnosed with Homogenous type of Leukoplakia after the incisional biopsy.

As conservative approach he was advocated to stop habits and prescribed Topical Steroids (Clobetasole), Antioxidants with Lycopene, Zn & Beta-Carotene supplements.

Riga Fede Disease of Newborn

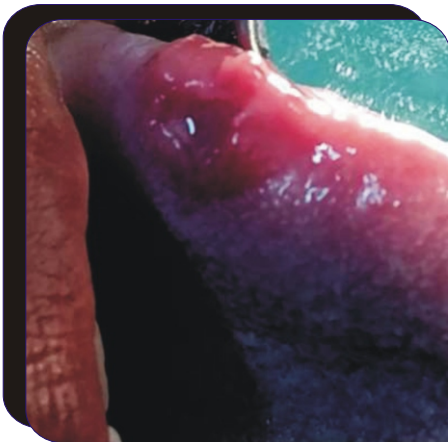
28 days old infant came with twin Natal teeth and large ulceration in the inner surface of tongue due to friction.

O/E-Large ulceration in the ventral surface of tongue due to trauma from Natal teeth (Riga-Fede syndrome)

The natal teeth were extracted & patient was prescribed Flagyl suspension, Amlexanox ointment & topical Sulcralfate.



Traumatic Ulcerative Granuloma with Stromal Eosinophilia



47/M presented with large ulceration on the lateral border of the tongue; complained about inability to take food since 4 weeks. H/O irritation due to sharp edges of teeth

O/E-Large ulceration (2cm x 3cm), angry red appearance and rolled irregular raised borders mimicked Squamous Cell Carcinoma (SCC). He was detected with TUGSE after confirmation with incisional biopsy.

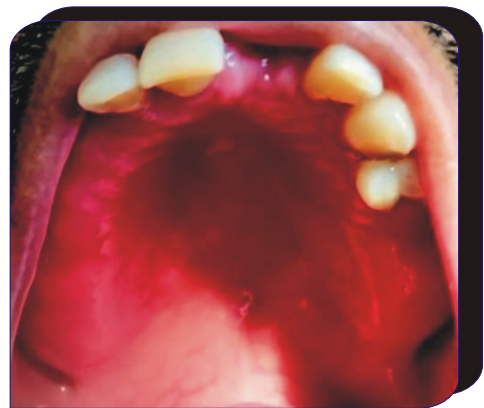
The trauma factors were removed & patient was advocated to use topical steroid & amlexanox with oral Ivermectin, Vitamin A, B, C, E & Antioxidant supplements; topical anesthetic gel for symptomatic relief.

Denture Stomatitis

62/M patient appeared with soreness and burning sensation in palate along with inability to wear RPD & chew as well. He gave H/O of wearing ill fitting denture since 5 years; he also took diabetic medications.

O/E fiery red appearance of entire maxillary denture bearing area with distinct borders. He was detected with type 1 denture stomatitis.

He was advised to change the existing denture. For immediate relief the denture was relined with soft liners. He was prescribed topical Anti-fungals along with Doxycycline antibiotics for 1 week.



Juvenile Aggressive Periodontitis



35/M and 32/F patients presented with Chronic generalised periodontitis with multiple mobile teeth, Pocket depth >6 mm at Incisor & 1st Molar region, marked bone loss in upper & lower incisor and molar region.

Major Herpetic Ulcer of child

7/M patient appeared with large ulcer in front of the dorsum surface of tongue with tiny ulceration in buccal mucosa and tonsillar fossa. He gave the H/O fever and malaise since 3 days with severe pain in oral cavity.

He was detected with HSV 1 infection with major Herpetic ulcer.

He was prescribed ZOVIRA X 400 thrice daily for 1 week along with Acyclovir 5% oral gels and topical anesthetic gel and PCM for symptomatic relief



Oral Squamous Cell Carcinoma (OSCC)



64/M patient appeared with soreness, intermittent bleeding and burning sensation at the lateral border of the tongue. He gave the history of chronic friction and ulceration at the lateral border of the tongue.

O/E-A mixed white and red, unilateral lesion on lateral border of the tongue with a granular ulcer with fissuring or raised exophytic margins. No lymph nodes were palpable.

He was diagnosed with OSCC with moderate dysplastic changes by Excisional Biopsy. MRI screening confirmed no metastasis (T1N0M0)