

Medication List for Selected Oral Conditions

Topical Immunosuppressive Agents

Clobetasol propionate 0.05% gel or Betamethasone dipropionate 0.05% gel

Disp: 30 gram tube

Sig: Dry area, apply to affected site up to 3 times a day

Additional instructions:

No food or drink for 20 mins after

Ignore external use only

Apply to ulcerations during oral flare

Do not use on lip vermillion

Oral candidiasis is potential side effect

Indications: mucous membrane pemphigoid, pemphigus vulgaris, erosive lichen planus

Contraindications: do not use on infectious ulcerations such as those caused by herpes simplex virus, do not use on a lesion that could be oral cancer

Triamcinolone 0.1% dental paste

Disp: 5 gram tube

Sig: Dry area, apply to affected site up to 3 times a day

Additional instructions:

No food or drink for 20 mins after

Do not rub in

Less potent than clobetasol gel

Not appropriate for diffuse lesions

Dexamethasone solution 0.5mg/5mL

Disp: 300mL

Sig: Hold 5mL in mouth for 5 minutes and spit out up to 3 times a day

Additional instructions:

No food or drink for 20 mins after

Important to emphasize do not swallow medication

Tacrolimus 0.1% ointment

Disp: 30 gram tube

Sig: Dry area, apply to affected site up to 3 times a day

Additional instructions:

No food or drink for 20 mins after

Ignore external use only

May burn with initial use

Ok to use on lip vermillion

Do not use in the setting of epithelial dysplasia

Topical Pain Medication:

Viscous Lidocaine 2%

Disp: 100mL

Sig: Swish and spit out 5-15mL up to 4 times a day for pain

Additional instructions:

To make "Magic Mouthwash" mix 1/3 lidocaine, 1/3 liquid diphenhydramine and 1/3 Maalox (or Mylanta or Sucralfate). Store in refrigerator.

Oral Candidiasis

Nystatin 100,000U/mL oral solution

Disp: 300mL

Sig: Hold 5mL in mouth for 2 minutes and spit out up to 3-4 times a day for 7-10 days

Additional instructions:

Contains sugar so review oral hygiene instructions

Clotrimazole troche 10mg

Disp: 70 troches

Sig: Dissolve 1 troche in mouth 3-5 times a day for 7-10 days

Additional instructions:

Do not use if patient has severe dry mouth (may be difficult to dissolve troche, use rinse)

Contains sugar so review oral hygiene instructions

Angular Cheilitis

Mycostatin/triamcinolone cream or Clotrimazole/betamethasone cream

Disp: 15 gram tube

Sig: Apply to corners of the mouth 3 times a day until resolved

Recurrent Herpetic Ulcerations/ Herpes Labialis

Valacyclovir 500mg

Disp: 8 tablets

Sig: Take 4 tabs stat then 4 tabs 12 hours later

Additional instructions:

Must be started in prodromal stage

Doscosanol 10% cream (over the counter)

Apply 6-8 times a day

Clinical Considerations and Recommendations

Recommendations for patients with dry mouth, ulcerations, or hypersensitivities:

- Use a toothpaste *without* sodium lauryl sulfate, whitening, tartar control, strong mint flavor, cinnamon flavor, stannous fluoride
- Use a mouthwash *without* alcohol
- Increase oral lubrication with sugar free lozenges, dry mouth gel, or oral spray

Conditions to rule out in patients with symptom of oral burning:

- Local factors: parafunctional habits, candidiasis, oral mucosal diseases, allergic reactions
- Systemic factors: nutritional deficiencies (B12, B6, iron, zinc, folate), endocrine disorders, hyposalivation, medication side effect, upper respiratory infection, GERD
- Psychologic factors: depression, anxiety
- *The symptom of oral burning is not the same as burning mouth disorder*

Questions to ask patients with ulceration(s):

- HPI: Symptom(s), location(s), context, duration, aggregating factors, relieving factors
- Have ulcerations like this occurred before
- Trauma, dry mouth, parafunctional habits
- New dental products (such as toothpaste), dental restorations, or dental appliances
- New prescription or over the counter medication
- Extraoral signs: Skin lesions, genital lesions, eye lesions, nail changes
- Extraoral symptoms: GI symptoms, joint pain
- Any special or restricted diets, food allergies
- Potential exposure to infectious organisms or immunodeficiency

Clinical Differentials

WHITE LESIONS THAT RUB OFF

- 1) Soft tissue plaque
- 2) Pseudomembrane candidiasis
- 3) Ragged keratin from morsicatio
- 4) Toothpaste/mouthwash reaction

WHITE LESIONS THAT DO NOT RUB OFF

- 1) Linea alba
- 2) Leukoedema
- 3) Traumatic hyperkeratosis
- 4) Leukoplakia

RED LESIONS

- | | |
|---|---|
| <ol style="list-style-type: none">1) Traumatic erythema2) Erythematous candidiasis3) Erythroplakia4) Mucositis | Consider localized juvenile spongiotic gingival hyperplasia in children |
|---|---|

RED AND WHITE LESIONS

- 1) Erythema migrans/ geographic tongue
- 2) Candidiasis
- 3) Lichen planus, lichenoid mucositis
- 4) Burns (chemical, thermal, electrical)

BLUE/PURPLE LESIONS

- 1) Red blood cells= varicosities, submucosal hemorrhage, hemangioma, organizing thrombus
- 2) Mucin= mucocele, ranula, salivary gland tumor

BROWN/GRAY/BLACK LESIONS

- 1) Melanin= physiologic, oral melanotic macule, nevus, melanoma
- 2) Foreign material= amalgam tattoo, extrinsic stain

YELLOW LESIONS

- 1) Sebaceous glands (Fordyce granules)
- 2) Purulent exudate= superficial abscess, tonsillitis
- 3) Lymphoid tissue= lymphoid aggregate, lymphoepithelial cyst
- 4) Adipose tissue= lipoma
- 5) Calcifications= sialoliths, tonsilloliths

LOWER LIP MASS

- 1) Mucocele
- 2) Fibroma
- 3) Pyogenic granuloma

UPPER LIP MASS

- 1) Fibroma
- 2) Sialolith
- 3) Salivary gland tumor

ULCER, SHORT DURATION

- 1) Trauma
- 2) Aphthous stomatitis
- 3) Recurrent herpetic stomatitis

ULCER, LONG DURATION

- 1) Lichen planus
- 2) TUGSE
- 3) SCC

PAPILLARY GROWTHS

- 1) Papilloma
- 2) Inflammatory papillary hyperplasia
- 3) Leukoplakia, verrucous appearance
- 4) Squamous cell carcinoma, papillary appearance
- 5) Giant cell fibroma
- 6) Verruciform xanthoma
- 7) Verrucous carcinoma

3PS OF THE GINGIVA

Pyogenic granuloma, peripheral ossifying fibroma, peripheral giant cell granuloma

DESQUAMATIVE GINGIVITIS

- 1) Mucous membrane pemphigoid
- 2) Lichen planus, lichenoid mucositis
- 3) Pemphigus vulgaris (positive Nikolsky sign)
- 4) Hypersensitivity reactions

GENERALIZED GINGIVAL ENLARGEMENT

- 1) Hyperplastic gingivitis
- 2) Drug related gingival hyperplasia
- 3) Gingival fibromatosis
- 4) Leukemic infiltrate

ORAL POTENTIALLY MALIGNANT DISORDERS

- | | |
|--|--|
| <ol style="list-style-type: none">1) Proliferative verrucous leukoplakia2) Erythroplakia3) Oral submucous fibrosis4) Erythroleukoplakia5) Actinic cheilitis6) Leukoplakia7) Smokeless tobacco keratosis8) Lichen planus | Arranged from high to low malignant transformation potential |
|--|--|

Radiographic Differentials

UNILOCULAR PERICORONAL RADIOLUCENCY

- 1) Dentigerous cyst
- 2) Odontogenic keratocyst (OKC)
- 3) Orthokeratinized cyst (OOC)
- 4) Ameloblastoma
- 5) Calcifying odontogenic cyst (COC)

In children, consider ameloblastic fibroma & adenomatoid odontogenic tumor (AOT) in anterior jaw.

UNILOCULAR PERIAPICAL RADIOLUCENCY

- 1) Periapical granuloma (non-vital tooth)
- 2) Periapical cyst/ Radicular cyst (non-vital tooth)
- 3) Periapical cemento-osseous dysplasia (early)

UNILOCULAR RADIOLUCENCY

- 1) Residual cyst (edentulous area)
- 2) Odontogenic keratocyst (OKC)
- 3) Central giant cell granuloma
- 4) Central ossifying fibroma (early stage)
- 5) Ameloblastoma

UNILOCULAR RADIOLUCENCY SPECIAL LOCATION

- 1) Lateral to tooth roots: Lateral radicular cyst (non-vital tooth), lateral periodontal cyst, odontogenic keratocyst
- 2) Anterior maxilla: Nasopalatine duct cyst
- 3) Buccal to erupting mandibular molars: Buccal bifurcation cyst
- 4) Associated with mandibular nerve: Neural tumor

MULTIFOCAL/GENERALIZED RADIOLUCENCIES

- 1) Florid cemento-osseous dysplasia (early)
- 2) Multiple odontogenic keratocysts in Nevoid basal cell carcinoma syndrome
- 3) Multiple myeloma (punched out lesions)
- 4) Multiple giant cell lesions

MULTILOCULAR RADIOLUCENCY

- 1) Odontogenic keratocyst (OKC)
 - 2) Ameloblastoma
 - 3) Central giant cell granuloma
 - 4) Odontogenic myxoma
 - 5) Calcifying epithelial odontogenic tumor (CEOT)
 - 6) Calcifying odontogenic cyst (COC)
 - 7) Glandular odontogenic cyst (GOC)
 - 8) Intraosseous Mucoepidermoid carcinoma
- In children, consider ameloblastic fibroma & hemangioma.

RADIOLUCENCY NOT WELL DEFINED

- 1) Focal osteoporotic bone marrow defect
- 2) Osteomyelitis
- 3) Medication related osteonecrosis of the jaw (MRONJ)
- 4) Malignancy

In children, consider traumatic bone cyst (idiopathic bone cavity) for lesions with scalloping borders.

MIXED WELL DEFINED

- 1) Odontoma
- 2) Ossifying fibroma
- 3) Osteoblastoma & cementoblastoma

Of note, AOT and CEOT can have snow driven calcifications that make the lesion mixed density. COC can be associated with an odontoma.

MIXED NOT WELL DEFINED

- 1) Medication related osteonecrosis of the jaw (MRONJ)
- 2) Osteomyelitis (sequestrum)
- 3) Osteosarcoma

MULTIFOCAL/GENERALIZED MIXED

- 1) Florid cemento-cement-osseous dysplasia

RADIOPAQUE WELL DEFINED

- 1) Torus, exostosis, osteoma
- 2) Idiopathic osteosclerosis
- 3) Condensing osteitis (non-vital tooth)
- 4) Odontoma
- 5) Osteoblastoma & cementoblastoma (late stage)

RADIOPAQUE NOT WELL DEFINED

- 1) Medication related osteonecrosis of the jaw (MRONJ)
- 2) Fibrous dysplasia (ground glass)
- 3) Padget (cotton wool)
- 4) Osteosarcoma

MULTIFOCAL/GENERALIZED RADIOPAICITIES

- 1) Florid cemento-osseous dysplasia (late stage)
- 2) Multiple osteomas in Gardner syndrome

PERIOSTEAL REACTIONS

- 1) Onion-skin in Ewings sarcoma
- 2) Sunburst in Osteosarcoma and Hemangioma

Note: This handout is a guide and does not include all pathology entities.

