



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی گیلان
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IN THE NAME OF GOD

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Oral Mucosal lesions in old adult

Changes of oral mucosa in old adults

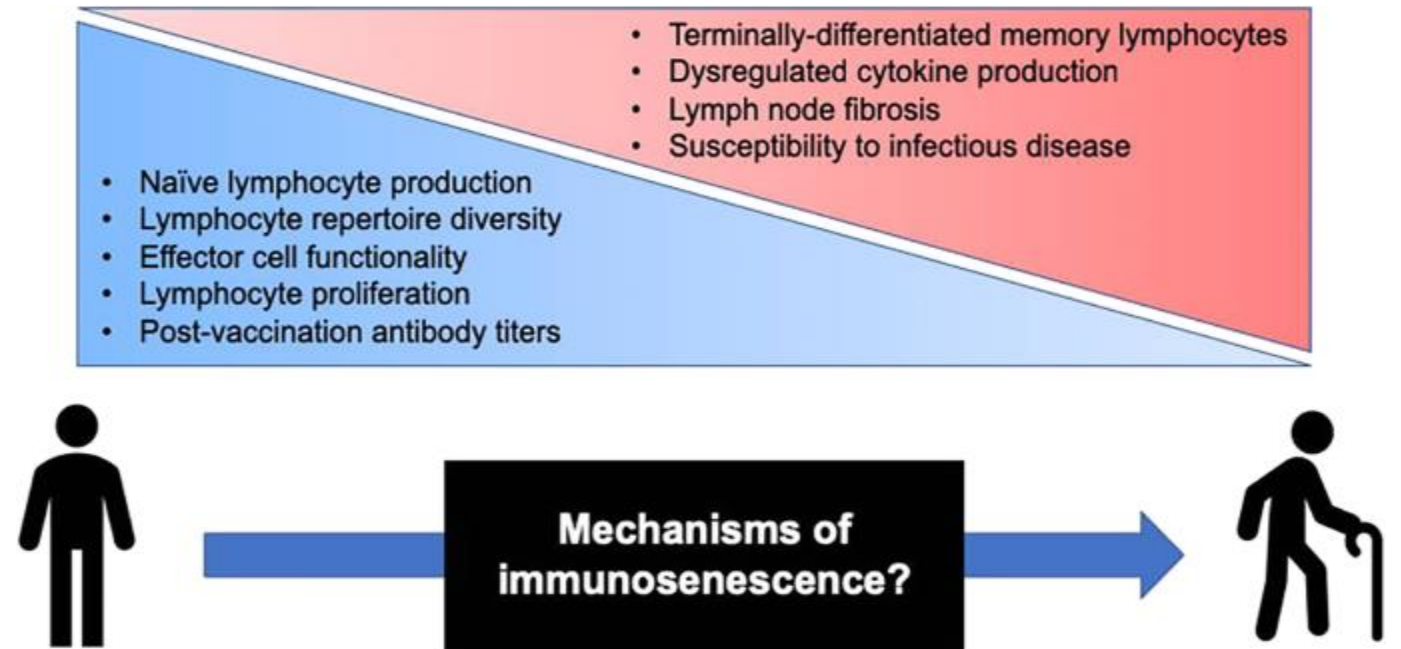
Etiology:

- ▶ Trauma
- ▶ Mucosal disease
- ▶ Habits
- ▶ Salivary gland hypofunction



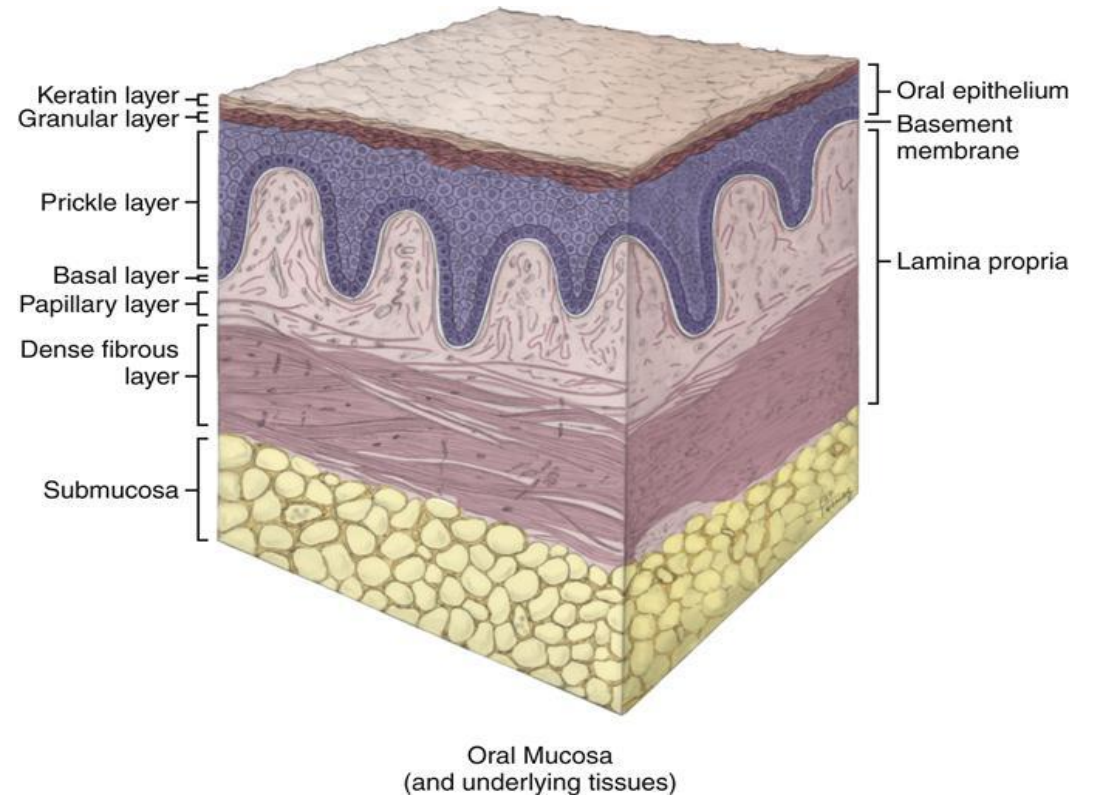
Oral mucosal disorders

- ▶ Declining immunologic responsiveness
- ▶ oral and systemic disorders
- ▶ use of medications



Oral epithelium in old adults

- ▶ thinner
- ▶ loses elasticity
- ▶ atrophies with age



Most common oral lesions among elderly

- ▶ Traumatic lesions
- ▶ lichen planus and lichenoid reactions
- ▶ inflammatory lesions
- ▶ candidiasis
- ▶ vesiculobullous conditions
- ▶ Premalignant and malignant lesions

Traumatic ulcer

- ▶ Most common lesions in old patients
- ▶ the labial and buccal mucosa
- ▶ **Cause:** habits, motor dysfunction, pressure necrosis, improper hygiene
- ▶ shallow ulcerations with a necrotic center
- ▶ **Treatment:** identifying the etiology and removing it
- ▶ Palliation with topical emollients and anesthetics
- ▶ no resolution occurs within a two-week time period: incisional biopsy



lichen planus and lichenoid reactions

- ▶ common ulcerative disorders of the oral mucosa
- ▶ etiology :
 - ❑ OLP: idiopathic or virally induced
 - ❑ LR: medication, dental material
- ▶ T-cell-mediated chronic inflammatory response
- ▶ malignant transformation: chronic OLP
- ▶ more frequent recalls in patients with desquamative gingivitis



Desquamative gingivitis



Inflammatory lesions

- ▶ often as a result of poorly fitting dentures
- ▶ **Papillary hyperplasia**: cobble stone appearance
- ▶ **Epulis fissuratum**: hyperplastic granulation
- ▶ tissue surrounds the denture flange



Candidiasis

Due to

- ▶ systemic disease
- ▶ poor immune function
- ▶ dry mouth
- ▶ removable prostheses



Candidiasis

Pseudomembranous candidiasis

- ▶ More common
- ▶ Cheese- like plaque



Erythematous candidiasis

- ▶ Less common
- ▶ generalized, diffuse erythema



Candidiasis

- ▶ **symptom:** no symptom/ pain or burning or changes in sensation
- ▶ **Diagnosis** :review of systems along with disease history
- ▶ Confirm: Direct cytologic smear for periodic acid–Schif staining
- ▶ severely debilitated patients: extension of the yeast to the **esophagus** and
- ▶ **Trachea**
- ▶ **Treatment:** Use of both topical and systemic antifungals



Angular cheilitis

- ▶ Common in old patient
- ▶ wrinkled and sagging skin
- ▶ mucosal cracking
- ▶ **Treatment**: combination antifungal and steroid cream



Vesiculobullous lesions

Are present for **weeks** to **months** often **expanding** in size

- ❑ pemphigus vulgaris
- ❑ MMP (mucose membrane pemphigoid)

pemphigus vulgaris

- ❑ most common form of pemphigus
- ❑ more than 80% of cases
- ❑ intra-epithelial blisters
- ❑ Involvement of both the skin and mucosa: antibodies against both DSG1 and DSG3
- ❑ the fifth and sixth decades of life
- ❑ coexisting with other autoimmune diseases and neoplasm(MG – thymoma-lymphoma)
- ❑ Death (elder patient- high dose of corticosteroid)

Clinical Manifestations

- ▶ a thin-walled bulla (rapidly breaks- extend peripherally)
- ▶ normal skin or mucosa
- ▶ Nikolsky sign is positive
- ▶ Slowly progressive (most)- fulminant
- ▶ involvement of mucosal and skin surface
- ▶ Severe cases: conjunctival, pharyngeal (endoscopy), and laryngeal mucosa



Oral Findings

- ❑ 80%–90% of patients with PV
- ❑ in 60% of cases, are the first sign.
- ❑ classic bulla on a non-inflamed base
- ❑ shallow irregular erosions and ulcers
- ❑ start on the buccal mucosa (most common)
- ❑ Common : buccal mucosa ,palatal mucosa and gingiva
- ❑ present for months before the skin lesions(common)
- ❑ misdiagnosed as HSV infection or candidiasis
- ❑ Remain confined to the oral mucosa : negative DIF and IIF



Differential Diagnosis

- ❑ acute viral infections or EM
- ❑ RAS
- ❑ subepithelial blistering diseases

Mucous Membrane Pemphigoid (Cicatricial Pemphigoid)

- ▶ Chronic
- ▶ affects the mucous membranes
- ▶ older than the age of 50 years
- ▶ mucosal blistering, ulceration, and subsequent scarring
- ▶ twice as frequently in women
- ▶ subepithelial split and subsequent vesicle formation
- ▶ Ag: lamina lucida (epidermal) – lamina densa (dermal) - laminin-
- ▶ Drugs: clonidine, D-penicillamine, and L-DOPA (triggers for MMP)



Clinical Manifestations

- ▶ any mucosal surface
- ▶ Involvement of oral mucosa (more than 80%) rarely with scarring.
- ▶ second most common site of involvement: conjunctivae (scar)
- ▶ Symblepharon : adhesions between the bulbar and palpebral conjunctiva
- ▶ Corneal damage (common- scar – blindness)
- ▶ Genital mucosa (pain- sexual dysfunction)
- ▶ Laryngeal involvement (breathing)
- ▶ Esophageal involvement (dysphagia)
- ▶ Skin lesions: usually of the head and neck region (20-30%).



FIGURE 4-37 Mucous membrane pemphigoid of the conjunctiva with symblepharon formation.

Oral Findings

- ▶ in more than 90% of patients
- ▶ Desquamative gingivitis (most common- may be the only finding)
- ▶ Biopsy- DIF
- ▶ Intact vesicle- erythema- erosion

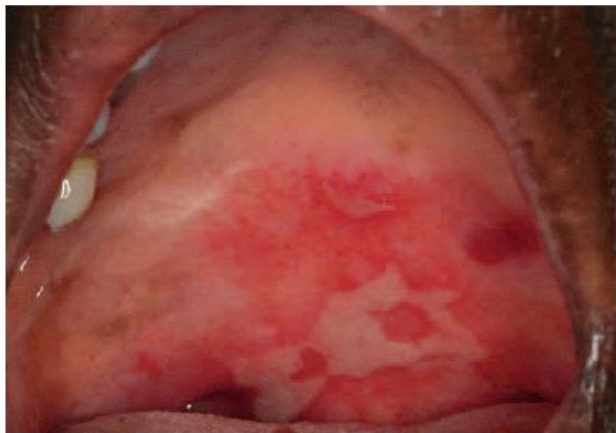


FIGURE 4-38 Palatal lesions of mucous membrane pemphigoid.



FIGURE 4-40 Intact vesicle of buccal mucosa in a patient with mucous membrane pemphigoid.



FIGURE 4-39 Moderate desquamative gingivitis of mucous membrane pemphigoid.

Diagnosis

- ▶ Biopsy
- ▶ Immunofluorescent

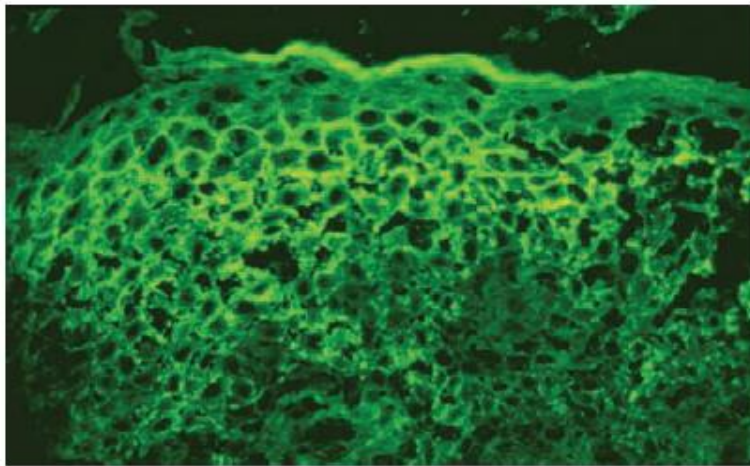


FIGURE 4-33 Direct immunofluorescence study of pemphigus vulgaris showing intercellular deposition of IgG.

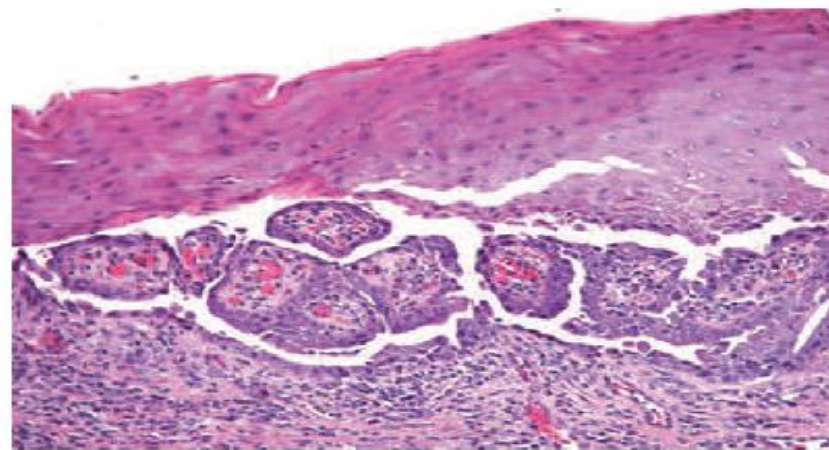


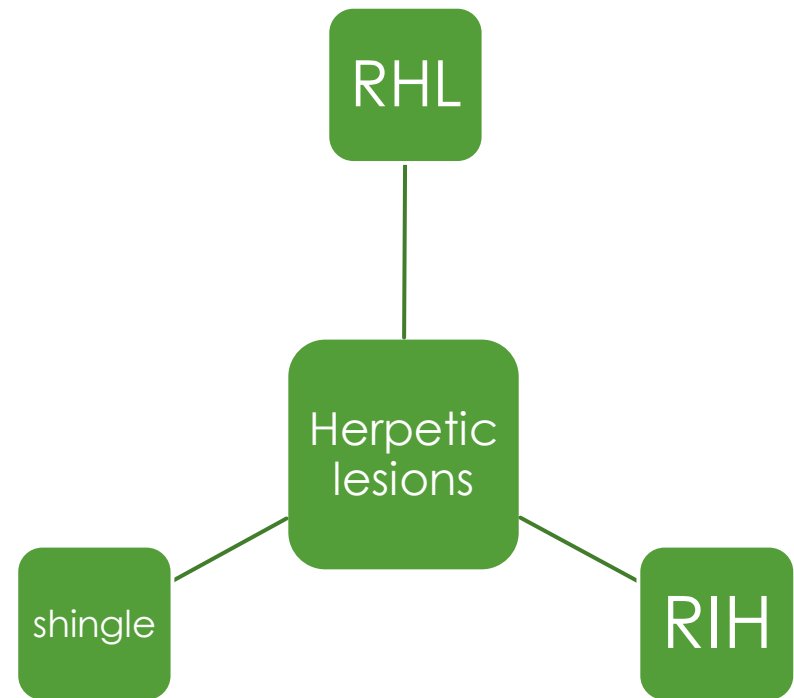
FIGURE 4-32 Photomicrograph of pemphigus vulgaris showing suprabasilar bulla with acantholysis.

Management

- ▶ Topical or systemic corticosteroids
- ▶ **adjuvant therapy**(mycophenolate mofetil, azathioprine, cyclophosphamide, and cyclophosphamide pulse)

Herpetic lesions

- ▶ avoid elective dental care
- ▶ prophylactic antiviral medications
- ▶ Treatment: prodromal phase – topical or systemic
- ▶ Shingle : over 50 – immunocompromised patient
- ▶ Shingle vaccine: over 60 years old



Oral cancer

- ▶ most significant oral mucosal disease
- ▶ increase with age(90% older than 50 years old)
- ▶ 5 years Survival rate: low(compared with other cancer and in older patient)
- ▶ Typical sites: tongue, lips, buccal mucosa, floor of mouth, and posterior oropharynx
- ▶ Risk factors :increased age are the use of tobacco and alcohol.

Oral squamous cell carcinoma



Sign and symptom

Primary disease

- ▶ Discomfort
- ▶ mass(mouth and neck)
- ▶ Loss of sensory function(unilateral)
- ▶ Loss of function(tongue)

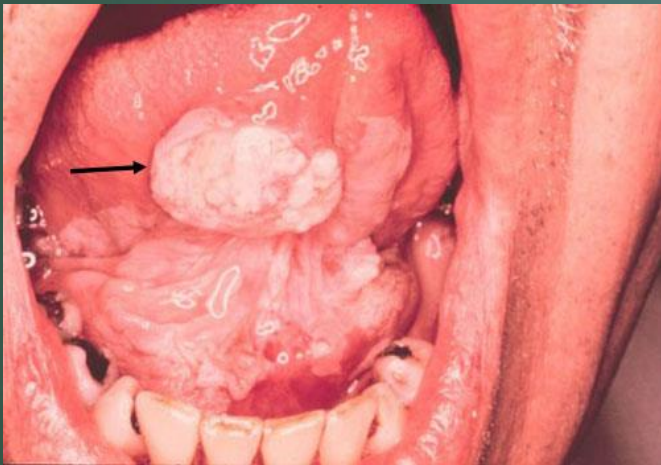
Advanced disease

- ▶ Dysphagia
- ▶ odynophagia
- ▶ otalgia
- ▶ limited movement
- ▶ oral bleeding
- ▶ neck masses
- ▶ weight loss

Clinical findings

- ▶ tissue changes(red- white- mixed)
- ▶ Surface texture(smooth- rough- granular- crust- mass- ulcer)
- ▶ flat or elevated
- ▶ Minimally palpable or indurated
- ▶ Lymphatic spread(before biopsy)





verrucous carcinoma

- ▶ grainy
- ▶ Papillary
- ▶ Verruciform
- ▶ fungating
- ▶ cauliflower-like



Figure 2: Verrucous growth of buccal mucosa



Xerostomia and dry mouth

- ▶ fibrous and adipose tissue
- ▶ Hypofunction of salivary gland
- ▶ medications, and therapeutic head and neck radiation
- ▶ Management: is multidisciplinary



Thanks for your attention

