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Minor Aphthous Ulcers

Minor Aphthous Ulcers, commonly known as canker sores, are a common variety of ulcers that form on the mucous membranes, typically in the oral cavity. Minor Aphthous Ulcers are round in shape, less than 5mm in diameter, and form on the movable mucosa of the mouth such as the inside of the lips, the cheeks or the underside of the tongue. Canker sores typically start in childhood or adolescence and are benign, non-contagious and can occur as single ulcers or in clusters (Herpetiform). The recurrence of these ulcers is very common, lasting an average of 7-10 days per episode.

The exact cause of minor aphthous ulcers is unknown, however, it is thought that ulceration is brought about by a combination of external triggers and/or genetic factors. Some of the triggers can be things like stress, certain foods/drinks, or a weakened immune system. Stress is also a risk factor for minor aphthous ulcers and it can actually prolong the healing time of an episode.

Clinically, these ulcers present as pale yellow, and later turning grey as the condition develops. A red “halo” border surrounds the ulcer and appears fully red when inflamed. Eating, drinking and talking may become uncomfortable for a person with a canker sore. Before ulceration occurs, some individuals may begin to feel a burning or itching sensation inside the mouth, which can be painful but localized to the area where the ulceration is occuring.

Diagnosis of minor aphthae is based on the patient's history and clinical features because specific tests are unavailable. A series of blood tests and other investigations may help exclude systemic disorders, however biopsy is rarely indicated unless the ulceration persists for more than three weeks.

There is no cure for minor aphthous ulcers, but the symptoms can be managed. In the majority of cases, the ulcers will disappear without treatment. Applying numbing preparations, like topical lidocaine or benzocaine will be successful in the management of the pain. If further treatment is required, anti-inflammatory, antibiotic and antiseptic, and topical steroids may be possible routes as directed by a Doctor.

Without proper knowledge of minor aphthous ulcers, a clinician may easily mistaken these lesions as a cold sores (herpetic lesion) which, unlike canker sores, are highly contagious and require a completely different approach for treatment. Because of this, it behooves me as a clinician to have a deep understanding of this and all other abnormalities that can take place in someone's mouth. In doing so, I will avoid mistreatment, and misunderstandings in my career.

References

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