Maxillofacial Unit

Recurrent Oral Ulcers

This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation, please ask.

This Leaflet has been adapted from the British Society for Oral Medicine recurrent aphthous stomatitis leaflet.

How are recurrent oral ulcers (recurrent aphthous stomatitis - RAS) diagnosed?

The history and clinical appearance of the ulcers are usually sufficient to confirm the diagnosis of RAS. Blood tests are often arranged to check for any underlying cause. A biopsy is occasionally required to rule out other causes of mouth ulceration.

Can recurrent aphthous stomatitis be cured?

There is currently no cure unless an underlying cause is found and corrected. Treatment aims to relieve the painful symptoms associated with RAS. The frequency and severity of RAS tends to decrease with age.

How can recurrent aphthous stomatitis be treated?

Treatment for RAS aims to relieve discomfort, prevent or reduce secondary infection and encourage healing.

- Topical corticosteroids are the main treatment for RAS. They can be applied locally to the mouth and are effective for most patients. These are often available as a mouthwashes or a spray.
- Anaesthetic (analgesic) mouthwashes, sprays or ‘over-the-counter’ sugar free throat lozenges can be used if your mouth becomes sore and are particularly helpful if used before meals.
- Use of an antiseptic alcohol-free mouthwash, spray or gel (e.g. chlorhexidine gluconate) may be recommended to help reduce any secondary infection and control plaque levels on teeth if tooth brushing is difficult or uncomfortable.
- Covering agents (such as Gelclair and Iglu) work by forming a mechanical barrier against secondary infection and further mechanical irritation.
- Severe cases of RAS may require treatment with a short course of systemic corticosteroids (i.e. taken in tablet form). Long-term treatment with these drugs is not recommended because of the potential side effects.
- Once medication has been prescribed and symptoms are under control, it is usual to be discharged back to a primary dental practitioner for ongoing care.

compassionate care

What can I do?

- Spicy, acidic, salty or hard / abrasive foods (e.g. toast and crisps) should be avoided if these make your mouth sore.
- To avoid nutritional deficiencies, ensure that you eat a varied diet.
- It is important to have a high standard of oral hygiene.
- Visit your dentist for routine care and for help with sharp teeth or broken fillings that may trigger your mouth ulcers.
- Additives in toothpastes, such as sodium lauryl sulphate, may aggravate your ulcers.
- Any single ulcer that persists for longer than 3 weeks despite treatment should be examined by your dentist (or doctor) who may wish to refer you for a specialist opinion and possible biopsy.

This leaflet is specific to the practice of Oral and Maxillo-Facial Surgery in the United Kingdom and is in addition to the generic guidance given in the GMC publications of Good Medical and Surgical Practice 2001 & 2002.

If you have any comments about this leaflet or the service you have received you can contact :

Maxillofacial Unit
Huddersfield Royal Infirmary

Telephone (01484) 355737

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

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