Diseases of the Lip and the Tongue

Problems with the Taste sensation
There are differences according to personality, and races.
The abnormal swelling could be diffuse or partial.

- **Diffuse:**
  - Angioedema
  - Infection or trauma
  - Orofacial Granulomatous Diseases
- **Localized:**
  - Hemangioma, Lymphangioma
  - Hemangioma
  - Tumor
  - Salivary gland adenomas
Angular Cheilitis

The disease affect one or both sides angulus oris.
The cause could be the decreased vertical dimension, Candida, Streptococcus Hemoliticus A or Staphylococcal infection.

Hematinic diseases: $B_{12}$, iron, folic acid.

Systemic diseases: Diabetes, Sjögren’s syndrome, AIDS.
Treatment of Angular Cheilitis

- Elimination of the predisposing factors
- Control the oral hygiene and dental appliances
- Advocate to take off the denture for night?
- Treat of hematological or other systemic disease
- Local or systemic antimicrobial therapy.
Angioedema

First type hypersensitivity reaction, produce swelling of the lips and in a lot of cases the pharynx.

Therapy:
Antihistamines, and if the swelling of the pharynx is big: corticosteroid.
Fissurated Cheilitis

Most frequently in the center of the lower lip. Seldom ameliorate for local, needs surgical treatment. Candida and Staphylococci could superinfect it. Cause could be: mouth breathing ex.. Down syndrome. There are data about hereditary background.
Actinic Cheilits
(farmers disease)

Mainly in men.
As a result of long period of time sun shining.
Precancerous lesion, with epithelial dysplasia and fibrotic connective tissue.
Need histological examination of biopsy material.
Therapy:
Continue sun care ointment for a long period of time.
Expholiativ Cheilitis

Not a frequent disease.
on the lips
Characterized by production of keratin in big quantity.
More frequent in female.
Histologically: hyperkeratosis without the sign of malignity.
Therapy:
Corticosteroid or surgery, if anxiety is in the background anxiolytic drug.
Glandular Cheilitis

The saliva production in the small salivary glands to fault towards mucinous saliva. By this way the saliva movement become more difficult, and could superinfected by bacteria.

Therapy:
Parasympathomymetics is elder age, but surgery in young age.
CHEILITIS GRANULOMATOSA
Melkerson-Rosenthal syndrome (Cheilitis Granulomatosa)

Belongs to the group of orofacial granulomatous disease.

Trial of the syndrome:
- Recurrent orofacial edema
- Sometimes ameliorate Bell's palsy.
- Fissurated tongue

The monosymptomatic form of this disease
Cheilitis Glandularis
Diseases of the tongue
I won't tell you anything about the developing problems.

On the tongue every oral diseases can show symptoms, but there are only tongue diseases. Among them many depends on the special epithelium of the tongue mainly filiform papillas. Early sings in a lot of systemic diseases can be seen on the tongue (haematological diseases).
Plicated Tongue

Not to serious fissurated tongue not mains it is a disease.
But in the fissure anaerobic bacterias can multiplicate by this way opportunistic infections can develop.
Undulated tongue could be the sign of bruxism and macroglossia.
Plicated tong could be the sign of iron deficient anemia.
Furred tongue

There are fur on the healthy tongue containing desquamated epithelial cells, sputum, microorganisms and debris. In some diseases it becomes thick and big quantity (fever, GI diseases, smoking alcohol abusing).

Therapy:
Rubbing with toothbrush, frothing oral rinsing materials with high C and B vitamin content.
Lingua Pillosa

This disease not same to the furred tongue, the cause is elongation of the filiform papillae (many times to the normal anatomic length)

Brown or black discoloration could develop (the cause Candida infection after antibiotic treatment, but can be present spontaneously).
Frothing oral rinse materials can help, because they solubilize the sputum and decrease the quantity of irritating factors. The tongue must rubbing with toothbrush not really effective. If the hairy tongue is black give antifungal treatment (Black Hairy Tongue).
Atrophy of tongue epithelium

It is more frequent, than the hairy tongue. Develop as a result of hematologic deficiency diseases and malabsorption. (Mainly: $B_{12}$, iron, folic acid)

Iron deficiency glossitis
Plumer-Vinson syndrome
In the background of this tongue pain: a lot of general medicine disease can be present. In these cases the patients need labor tests (qualitative and quantitative blood picture, blood sugar level).

The side effect of the treatment in a lot of disease also can develop such picture (RA, Sjögren’s syndrome).
Traumatic irritation of tongue

The traumatic ulcer frequent because of the mobility of tongue, could be acute or chronic, ex.. broken tooth, continuous rubbing to the teeth or to the denture.

Could be erythema, ulcer very painful, sometimes tumor also develop.

Labor test or biopsy must be done.
Papilla foliate enlargement

In normal circumstances it can be seen as pink clusters on the side of the tongue. It happens its enlargement and become painful. This is because the patients visit the dentist.

Therapy:
- disinfectant oral rinse.
Geographic Tongue
(Migrating Glossitis)

Speckled depapillation on the dorsum of tongue, by this way it is called erythematous glossitis, where there are white courtyard around erythematous areas. The picture is map-like, and migrating continuously. The depapillated area could be painful. More frequent together with Psoriasis.
It can develop on the lip. The etiology is not totally clear. Could be: hematological deficiency disease, but data can be found about increased alimentary IgE level. In elder age the cause could be missing of digestive enzymes.
Therapy

For a short period of time antihistamines, then for a longer period of time vitamin B complex and digestive enzymes. Sometimes good result can be found by zinc or enzyme substitution.
Rhombic Median Glossitis

Candida infection is a frequent disease on the tongue, mainly on immune compromised persons (Chronic Mucocutan Candidasis, Diabetes, HIV).

If the disease develop in the median of the tongue in front of the circumvalate papillea, its name:

Rhombic Median Glossitis.
Possible hematological deficiency disease could be in its background. In special types possible diabetes mellitus.

**Therapy:**
Any anti-fungal drugs.
In this form neither Candida infection nor Diabetes characteristic.
Taste disorders

Decreased taste sensation: HYPOGEUSIA.

Sustained taste sensation: DISGEUSIA.

There is no labor test, by which you can study the patients problems except his/her complaint.

The real disease with neurological background is rather seldom (hurt of Corda Tympani).
The taste sensation could be hampered by drugs (used for the therapy of RA (allopurins, phenilbutazone, metotrexate, ACE blockers, metronidasole)).

The most frequent cause: infection by pyogene bacteria (periodontitis, sinusitis, radicular cysts infection).

### Table 6.6 Conditions associated with alterations in taste

<table>
<thead>
<tr>
<th>Dental conditions</th>
<th>Systemic disease</th>
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</thead>
<tbody>
<tr>
<td>Periodontal diseases</td>
<td>Uraemia</td>
</tr>
<tr>
<td>Carious lesions</td>
<td>Neurological disorders (e.g. Bell’s palsy, brain tumours, damage to chorda tympani)</td>
</tr>
<tr>
<td>Discharging dental sinus</td>
<td>Anaemia</td>
</tr>
<tr>
<td>Restorations with marginal deficiencies</td>
<td></td>
</tr>
<tr>
<td>Dry socket</td>
<td></td>
</tr>
<tr>
<td>Associated structures</td>
<td>Deficiencies</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>e.g. zinc</td>
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<td>• Salivary gland hypofuction</td>
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<tr>
<td>• Sialadenitis</td>
<td></td>
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<tr>
<td>Sinuses</td>
<td>Drugs</td>
</tr>
<tr>
<td>• Sinusitis</td>
<td>• ACE inhibitors, lithium salts, gold, carbinazole, metronidazole, penicillamine, xerogenic drugs</td>
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<tr>
<td>Lungs</td>
<td>Smoking</td>
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<tr>
<td>• Respiratory disease</td>
<td>salesman</td>
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<tr>
<td>Stomach</td>
<td>Psychogenic</td>
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<tr>
<td>• Gastro-oesophageal reflux disorder</td>
<td>Oral dysaesthesia</td>
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<td></td>
<td>Psychosis (delusions, hypochondriasis)</td>
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Neurological problems must be solve, by expert.

Important: substitution of Zinc.