

Oral Medicine

Dr. Bródy Andrea

Department of Oral Diagnostics

The fields of oral medicine

- Oral diseases:
 - Infections
 - Anatomical anomalies
 - Injuries (mechanical, chemical and heat)
 - Allergy
 - Autoimmun and bullosus diseases
 - Benign tumors
 - Praecancerous lesions and oral malignancy
 - Dideases of salivary glands

The fields of oral medicine

Oral manifestation of systemic diseases

- Oral symptoms of infectious diseases
- Disease affected of the immune system
- Diseases affected endocrine system
- Diseases of the haemopoietic system
- Side effects of drug- and radiotherapy

The effect of the oral cavity and masticatory system to the general health

- Nutritional problems – development of deficiency diseases and deterioration
- The role of the oral hygiene
- Focal infections

Importance of the oral medicine is increasing

- Smoking habits, alcohol consumption
- Slow improve of hygienic conditions
- Sex culture – HPV, HIV, Hepatitis, Syphilis
- Stressz
- More and more allergenic and toxic materials
- Increasing the survival of serious diseases
- Higher average age – more elderly patients
- More and more drugs – more and more side effects

The role of the dentist with patients of oral medicine

It is the responsibility of the dentist to make the correct diagnosis and send the patient to the appropriate place of care !

Particularly important:

- Tumors
- Hematopoietic diseases
- Infectious diseases

Steps of stomato-oncological examination

I. Anamnesis

II. Extraoral examination- view, palpation

III. Intraoral examination

1. lips 2. buccae 3. Gingiva 4. Tongue 5. Floor of the mouth 6. Palatum 7. Pharynx

Palpation of lesions



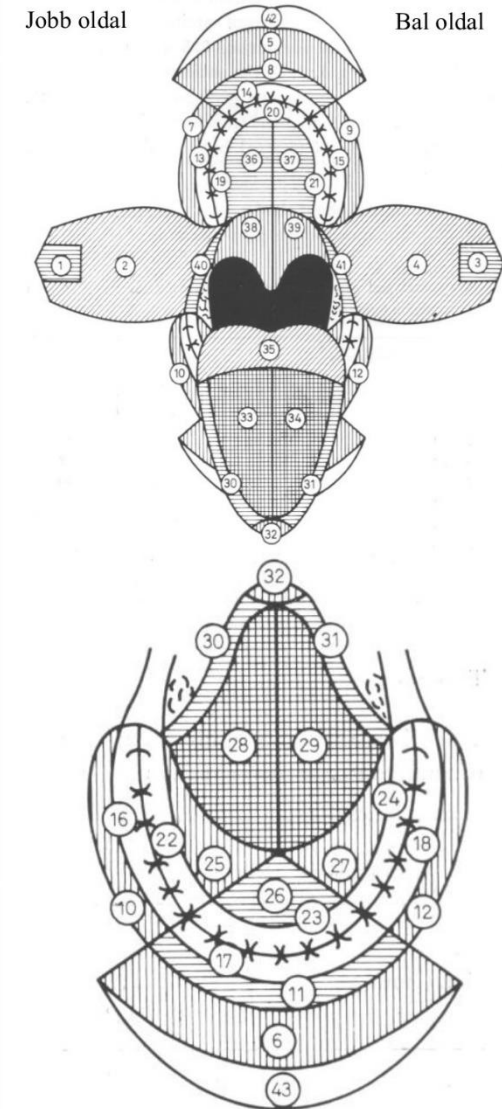
Documentation

• Description of the lesion

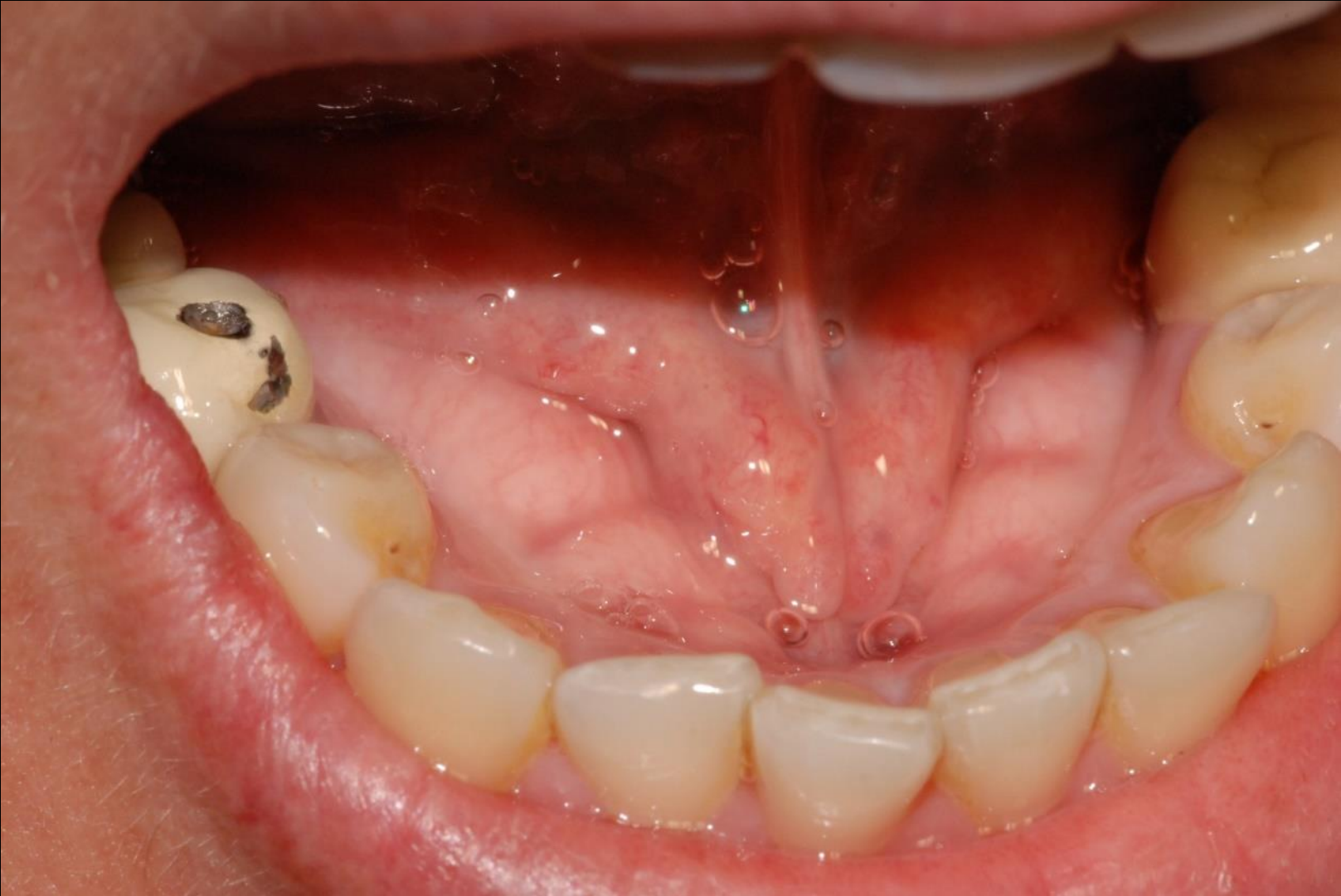
- Localisation
- Form, size
- Type of lesion
- Complaints
- Photo
- Therapy
- Follow up

- 1 Jobb szájzug
- 2 Jobb bucca
- 3 Bal szájzug
- 4 Bal bucca
- 5 Felső ajak nyálkahártya
- 6 Alsó ajak nyálkahártya
- 7 Jobb felső áthajlás
- 8 Felső front áthajlás
- 9 Bal felső áthajlás
- 10 Jobb alsó áthajlás
- 11 Alsó front áthajlás
- 12 Bal alsó áthajlás
- 13 Jobb felső buccalis feszes íny
- 14 Felső front buccalis feszes íny
- 15 Bal felső buccalis feszes íny
- 16 Jobb alsó buccalis feszes íny
- 17 Alsó front buccalis feszes íny
- 18 Bal alsó buccalis feszes íny
- 19 Jobb felső oralis feszes íny
- 20 Felső front oralis feszes íny
- 21 Bal felső oralis feszes íny
- 22 Jobb alsó oralis feszes íny
- 23 Alsó front oralis feszes íny
- 24 Bal alsó oralis feszes íny
- 25 Szájfenék jobb oldala
- 26 Szájfenék elülső része
- 27 Szájfenék bal oldala
- 28 Nyelv ventralis jobb oldala
- 29 Nyelv ventralis bal oldala
- 30 Nyelvszél jobb oldala
- 31 Nyelvszél bal oldala
- 32 Nyelvcsúcs
- 33 Nyelv hát jobb oldala
- 34 Nyelv hát bal oldala
- 35 Nyelvgyök
- 36 Palatum jobb oldal
- 37 Palatum bal oldal
- 38 Lágyszájpad jobb oldal
- 39 Lágyszájpad bal oldal
- 40 Garatív jobb oldal
- 41 Garatív bal oldal
- 42 Felső ajak
- 43 Alsó ajak

Beteg neve:



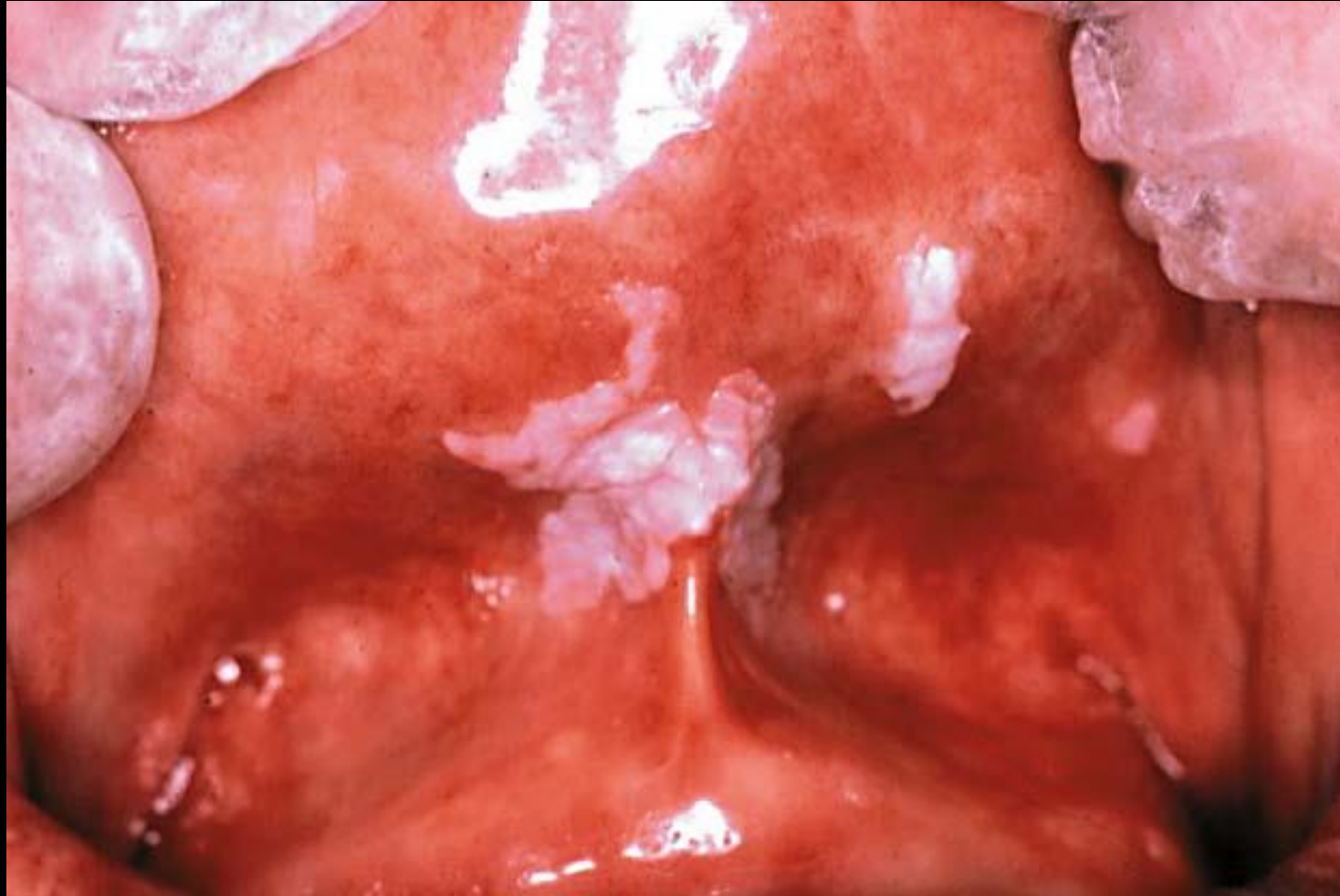
Anatomical disorders



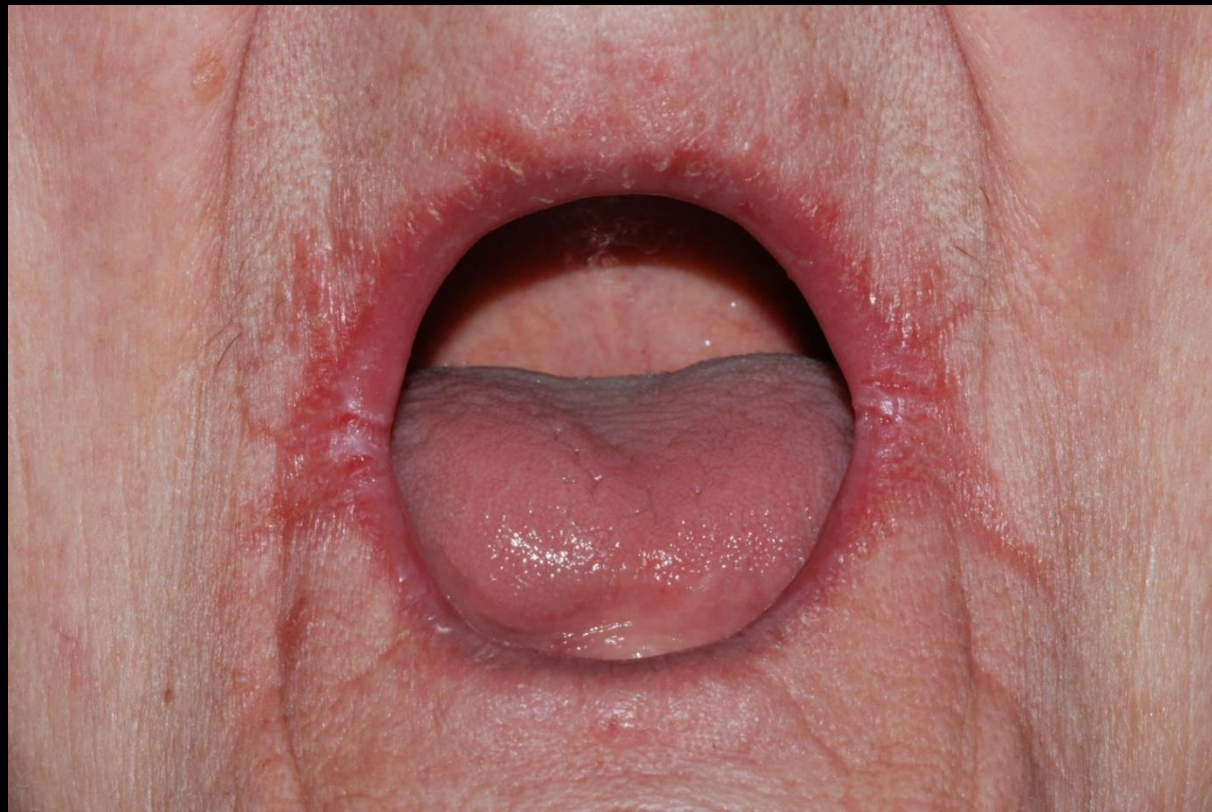
Hyperkeratosis



Leukoplakia



Allergy



Infections



Infectious diseases



Autoimmune lesions- aphtha



Lichen, lichenoid



Haematological diseases



Benign tumors



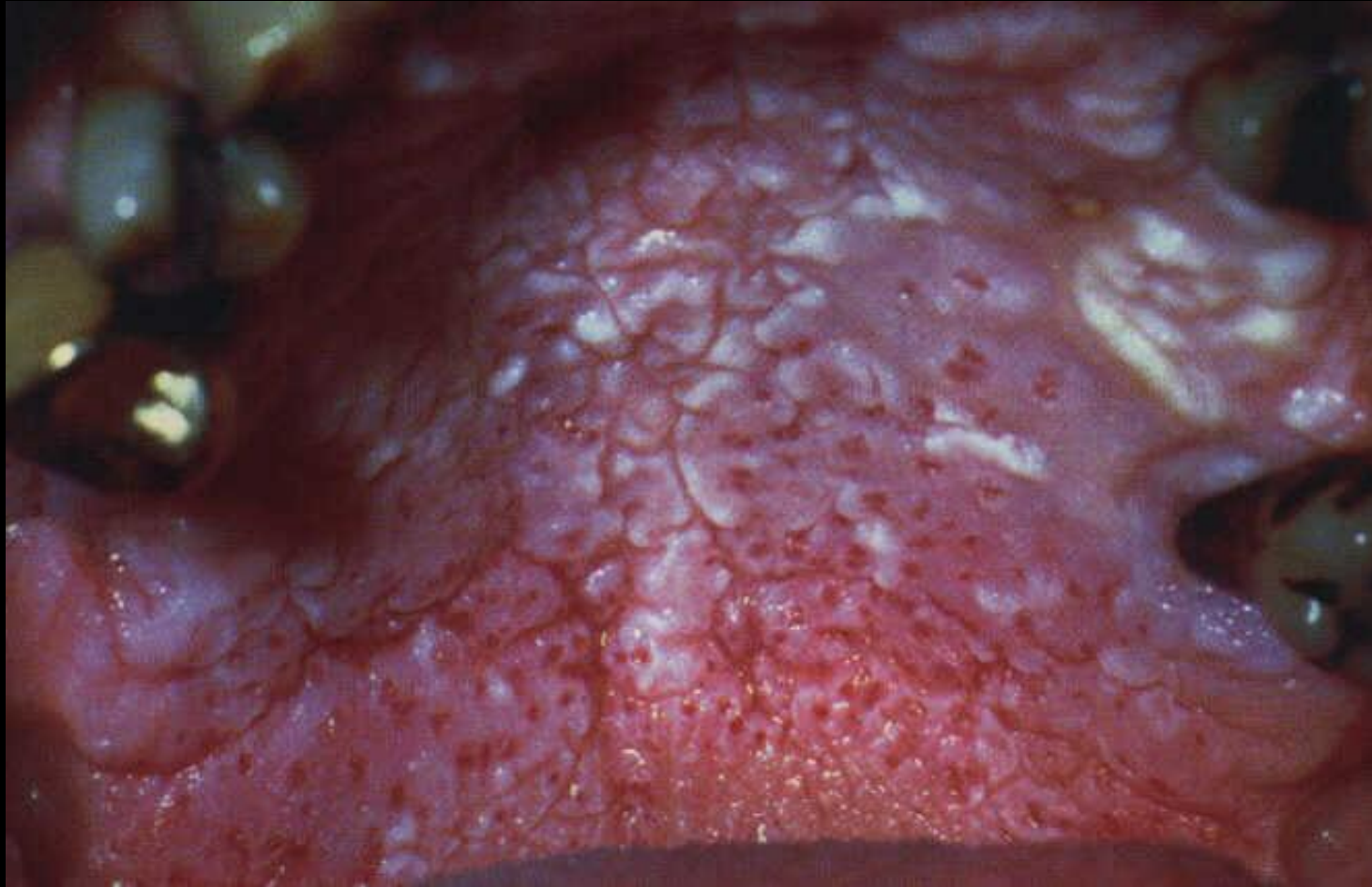
Malignant tumors



Diseases of the salivary glands



Potentially malignant lesions -precancerosis



Drugs side effects

MRONJ – medical induced osteonecrosis of the jaws



Drugs side effects

Antihypertensive drug (Ca-channel blockers)



Primary lesions

- Arised de novo and the characteristic of the disease process
- Secondary lesions: came from the primary ones

Primary lesions

Macula:

Circumscribed, pigmented flat lesion. Less than 1 cm.

Hyperpigmentation or leukoderma

- Blood or blood pigments
- Exogenous or endogenous pigment – tattoo, melanin

Vascular disorders: erythema, cyanosis, teleangiectasia

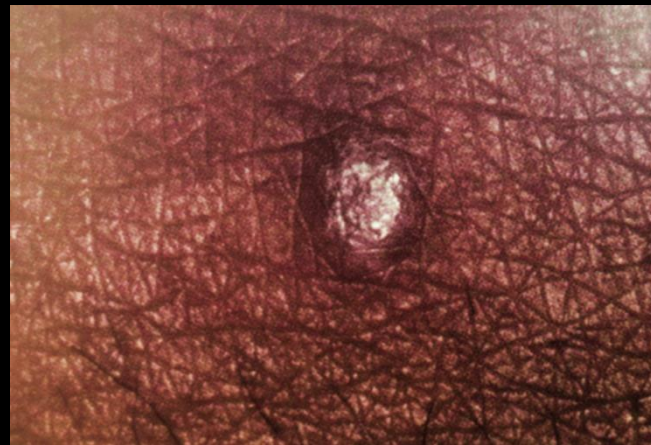




Primary lesions (with infiltration)

- Papula < 1 cm
 - Cell mass in the stratum papillare
 - Brownish red on skin (late immune response)
 - Yellowish, greyish, or white lesion (lichen oris)

- Plaque > 1 cm





Primary lesions (with infiltration)

- **Tuber-nodus**<1cm
inflammation: some type of
acne, tuberculosis, syphilis, etc.
- **Tumor**>1cm - result of an
inflammatory, metabolic or
neoplastic process



Primary lesions

(exsudative)

- Urtica (wheal)

Inflammatory oedema in the skin or in the mucosa

Quincke-edema on the lips

(Increased the permeability of the capillar vessels)



Primary lesions (exsudative)

- Vesicle < 0,5cm
 - Intraepithelial fluid
 - intracellular edema – variola
 - Intercellular edema – herpes
- Became to crust on the skin
and erosion in the mucosa (herpes)



Primary lesions (exsudative)

Bulla>1cm

intraepithelial (pemphigus vulgaris)

subepithelial (pemphigoid)

On the skin:

Pemphigus: bulla with soft wall

Pemphigoid: bulla with harder wall and
inflamed border

On the mucosa: red erosion with epithelial
border



Primary lesions (exsudative)

Pustula

Intraepithelial white, yellow, or green-yellow purulent fluid



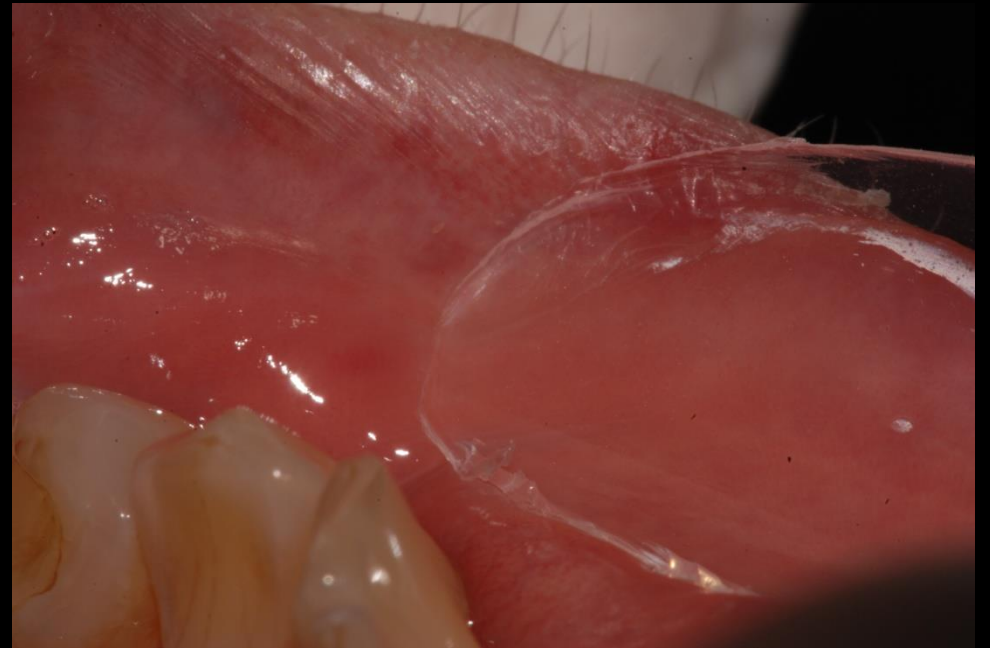
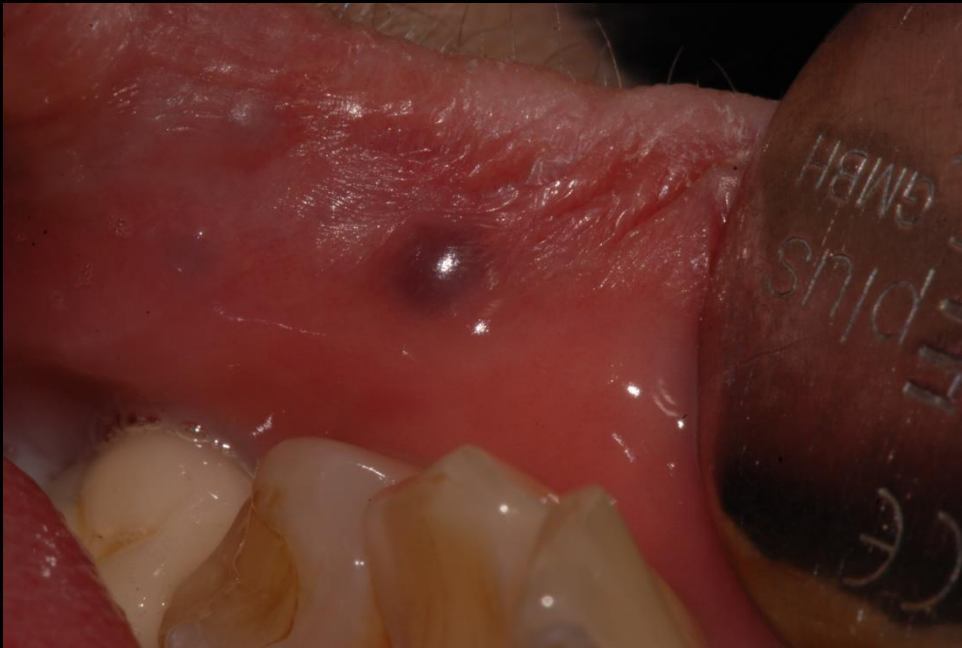
Primary lesions

- Teleangiectasia



Primary lesions

- Haemangioma



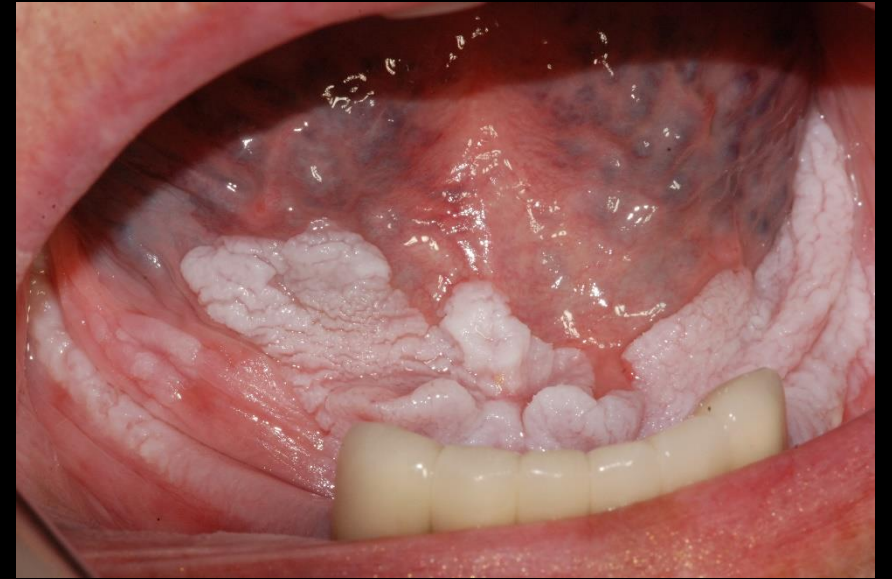
Secondary lesions

Squama

Hyperkeratosis - leukoplakia

Parakeratosis - psoriasis, HPV

Dyskeratosis - seborrhea



Secondary lesions

Ulcus

Intraepithelial or deep, round or irregular shape excavation with inflammated surround and pain

Ahphta: Sharp-edged ulcer, with inflammatory border. Painful. Subcellular cell infiltration with epithelial cell death – late type immune response



Secondary (?) lesions

- Petechia < 2mm
- Purpura 2-10mm
- Intraepithelial or subepithelial bleeding



Secondary (?) lesions

- Ecchymosis > 1cm
- Hematoma



Secondary lesions

Fistula:

A tubular connection between the surface and deeper tissues due to tissue disintegration or developmental abnormality.

Secondary lesions

- Fissure, rhagas)

Came from the different
diskeratosi

angulus oris, lips, tongue

- Excoriation (scratching)



Secondary lesions

- Crusta - due to drying of the secretion
- Scar (cicatrix)

After injury affected connective tissue, no elastic fibres and atrophy of the epithelium



Secondary lesions

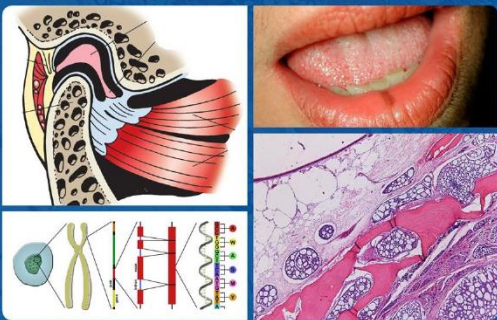
Cicatrix

- **Atrophy** – the epithelium and the mucosa are thinned, the number of the collagen and elastic fibers is reduced
- **Hypertrophy** – the surface of the scar protrudes slightly from the skin
- **Keloid** - the surface of the scar protrudes from the skin



TWELFTH EDITION

Burket's ORAL MEDICINE



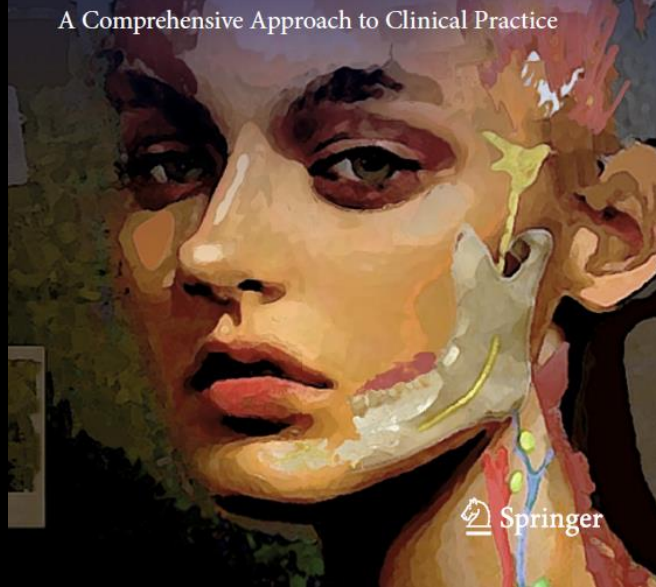
Michael Glick

CAMILE S. FARAH
RAMESH BALASUBRAMANIAM
MICHAEL J. MCCULLOUGH
EDITORS

SPRINGER
REFERENCE

Contemporary Oral Medicine

A Comprehensive Approach to Clinical Practice



Springer

THIRD EDITION

ORAL & MAXILLOFACIAL MEDICINE

THE BASIS OF DIAGNOSIS AND TREATMENT

CRISPIAN SCULLY



CHURCHILL
LIVINGSTONE
REGISTERED with
CamScanner

Szerkesztette:
Dr. Kövesi György

ORÁLIS MEDICINA SZÁJBETEGSÉGEK



Semmelweis Kiadó

Scanned with
CamScanner

Thank you for your attention!