

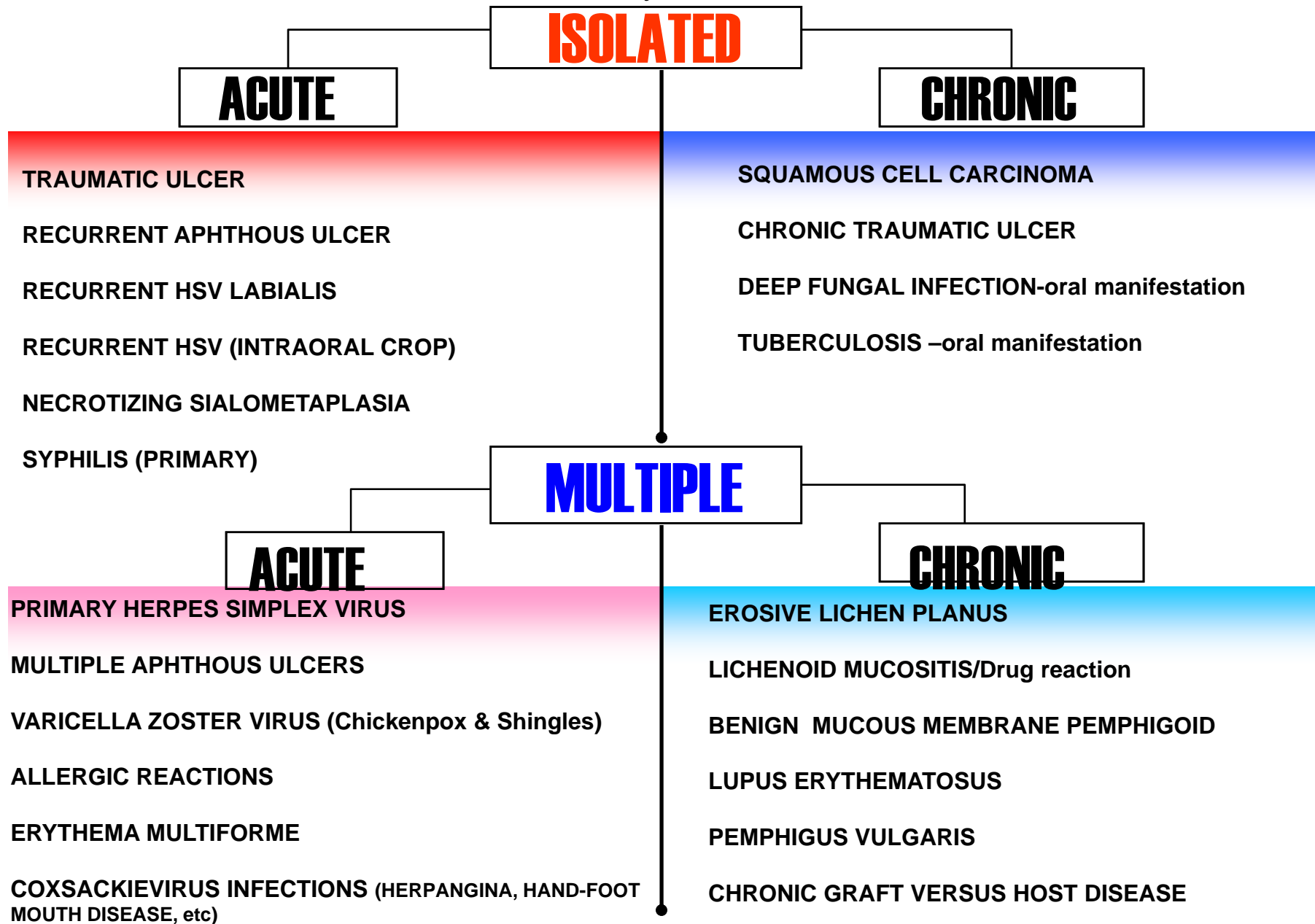
Differential Diagnosis of
Vesiculoerosive and Ulcerative
Lesions

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Oral Pathology

Differential Diagnosis of: VESICULOEROSIVE and ULCERATIVE LESIONS

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Differential Diagnosis for Isolated (single) Ulcerations

- **CC: “sore in my mouth”**
(symptomatic/painful ulcer- particularly true for acute ulcers)
- **Questions to ask the patient:**
 - **How long has it been present?**
 - **How quickly did it appear?**
(acute: duration <2 weeks;
chronic >2weeks)

Differential Diagnosis for Isolated (single) Ulcerations

- **Questions to ask the patient:**
 - **Is it getting better or worse?**
 - **Is s/he self medicating? If so with what? e.g. topical hydrogen peroxide or aspirin**
 - **Prior history of occurrence? If so, in same place intraorally or elsewhere? (both HSV and RAU have h/o recurrence)**

Differential Diagnosis for Isolated (single) Ulcerations

- **Questions to ask the patient:**
 - **Can the patient correlate a specific event or trigger with the onset? (e.g. smoking cessation associated with onset of RAU)**
 - **What are their symptoms? Pain? Paresthesia? (an ominous sign!), etc.**
 - **Was there a prodrome? Recurrent HSV and RAU have prodromes**

Differential Diagnosis for Isolated (single) Ulcerations

- **Examination hints:**
 - Note color changes e.g. RAU tend to have an erythematous halo
 - Note associated masses including potential intrabony masses
 - Note condition of surrounding tissue; Any induration (hard)? (induration can be an ominous sign - r/o SCCa, etc.)

Differential Diagnosis for Isolated (single) Ulcerations

- **Examination hints:**
 - Note location of lesion (attached vs unattached mucosa) recurrent HSV occurs on attached (keratinized) mucosa while minor RAU occurs on movable mucosa
 - Note depth and shape of ulcer e.g. herpetic ulcerations tend to be shallow and irregular (serpiginous) in shape, RAU tend to be deep
 - Note potential sources of trauma

Diff Dx Isolated (single) ACUTE Ulcers

- Traumatic ulcer



- Recurrent aphthous ulcer



- Intraoral recurrent herpes simplex (single crop)



- Recurrent herpes labialis



- Necrotizing sialometaplasia

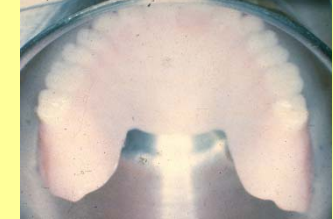


- Primary syphilis



Diff Dx for Chronic Isolated (single) Ulcers

- **SCCa**



- **Chronic traumatic ulcer**



- **Deep fungal infection** (Histoplasmosis, Blastomycosis-oral manifest.)



- **Tuberculosis-**
 - oral manifest.



Differential Diagnosis of Multiple Ulcerations/Erosions

CC: “sores in my mouth”

Questions to ask the patient:

- How long have they been present?**
- How quickly did they appear?**
 - (acute: duration <2 weeks; chronic>2weeks)**

Differential Diagnosis of MULTIPLE Ulcerations/Erosions

- **Questions to ask the patient:**
 - Are they getting better or worse?
 - Is s/he self medicating? If so with what? e.g. topical hydrogen peroxide or aspirin
 - Prior history of occurrence? Same place intraorally or elsewhere? (e.g. 1^o HSV)
 - Trigger? (e.g. allergic reactions, erythema multiforme, etc. to new meds, foods, oral care products, dental material, etc.)

Differential Diagnosis of Multiple Ulcerations/Erosions

- **Questions to ask the patient:**
 - **What are their symptoms? Pain?**
 - **Non-oral lesions? Are they symptomatic, if so what are the sx? (e.g. chickenpox)**
 - **Was there a prodrome? (e.g.. Infections often have prodromes e.g.fever, malaise, etc.)**
 - **Family members with similar problem?
Many acute conditions are infectious.**

Differential Diagnosis of Multiple Ulcerations/Erosions

Examination Hints:

- Note location of lesions (diffuse distribution vs. unilateral over a single dermatome, etc.)**
- Note depth and shape of ulcers**
- Note the presence or absence of Wickham's striae (Wickham's striae places condition in a very specific category of lesions)**

Differential Diagnosis of Multiple Ulcerations/Erosions

- **Examination Hints:**
 - Note the presence or absence of skin, ocular and nail changes.
 - Note the presence or absence of a “Nikolsky sign”. (+) Nikolsky - pemphigus vulgaris, but also seen in pemphigoid
 - Note medical history facts of significance (e.g. h/o bone marrow transplant-- opportun. infections, oral manif. of chronic GVH)

Diff. Dx of MULTIPLE ACUTE Ulcers

- PRIMARY Herpes/ HSV



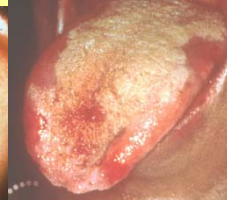
- MULTIPLE APHTHOUS ULCERS



- VARICELLA ZOSTER VIRUS: Chickenpox & Shingles



- ALLERGIC REACTIONS



- ERYTHEMA MULTIFORME

- COXSACKIEVIRUS (HERPANGINA,
• HAND-FOOT MOUTH DISEASE, etc)



Diff Dx of Multiple Chronic Ulcerations including desquamative gingivitis

- **Erosive lichen planus**



- **Lichenoid mucositis and drug reaction**



- **Benign mucous membrane pemphigoid**

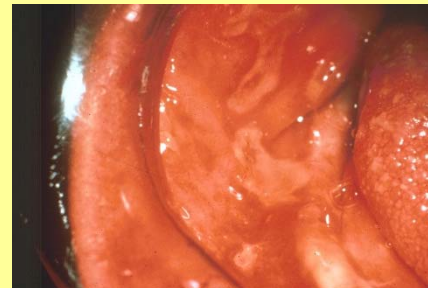
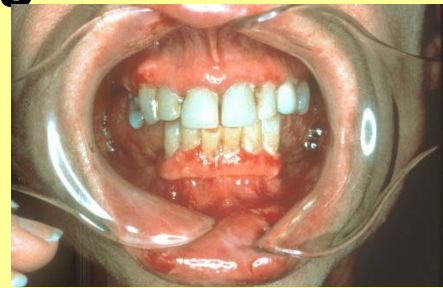


- **Lupus erythematosus**



Differential Diagnosis of Multiple Chronic Ulcerations

- Erosive lichen planus- **Wickham's striae sometimes**
- Lichenoid mucositis-**Wickham's striae sometimes**
- Benign mucous membrane pemphigoid (Cicatricial pemphigoid)
- Lupus erythematosus **Wickham's striae sometimes**
- Pemphigus vulgaris



- Chronic GVH dis.- **Wickham's striae sometimes**

