Differential Diagnosis of Vesiculoerosive and Ulcerative Lesions

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Oral Pathology
Differential Diagnosis of:
VESICULOEROSIVE and ULCERATIVE LESIONS

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ISOLATED

ACUTE
- TRAUMATIC ULCER
- RECURRENT APHTHOUS ULCER
- RECURRENT HSV LABIALIS
- RECURRENT HSV (INTRAORAL CROP)
- NECROTIZING SIALOMETAPLASIA
- SYPHILIS (PRIMARY)

CHRONIC
- SQUAMOUS CELL CARCINOMA
- CHRONIC TRAUMATIC ULCER
- DEEP FUNGAL INFECTION - oral manifestation
- TUBERCULOSIS - oral manifestation

MULTIPLE

ACUTE
- PRIMARY HERPES SIMPLEX VIRUS
- MULTIPLE APHTHOUS ULCERS
- VARICELLA ZOSTER VIRUS (Chickenpox & Shingles)
- ALLERGIC REACTIONS
- ERYTHEMA MULTIFORME
- COXSACKIE VIRUS INFECTIONS (HERPANGINA, HAND-FOOT MOUTH DISEASE, etc)

CHRONIC
- EROSIVE LICHEN PLANUS
- LICHENOID MUCOSITIS / Drug reaction
- BENIGN MUCOUS MEMBRANE PEMPHIGOID
- LUPUS ERYTHEMATOSUS
- PEMPHIGUS VULGARIS
- CHRONIC GRAFT VERSUS HOST DISEASE
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. $^1$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