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What is an ulcer?
An ulcer is an area in which the continuity of the lining of the mucosa of the mouth is broken. Most people have developed one or two painful ulcers in their mouth following trauma, for example with a toothbrush.

If a fit and well individual develops recurrent mouth ulcers, without a history of preceding trauma, the disease (condition) is known as aphthous stomatitis. The less severe form of the disease is often known as minor aphthous stomatitis while the less common but more severe type is major aphthous stomatitis.

Minor aphthous stomatitis
This is a very common self-limiting, recurrent disease of unknown cause. One or several painful ulcers appear on the lining mucosa of the mouth. The ulcers heal in 7 to 10 days with or without treatment.

Major aphthous stomatitis
Major aphthae are larger recurrent ulcers of unknown cause appearing as deep, painful areas in the mouth that leave scars on healing. They last longer than minor aphthae.

Aphthous ulcers occur only on lining mucosa of the mouth; they do not occur on skin and they do not blister.

Aphthous stomatitis may affect anyone at any age. Young adults are most commonly affected. The disorder starts with the development of one to several painful ulcers. The ulcers are yellowish-white and are surrounded by a red ring of inflamed mucosa. The ulcers are usually located on moveable lining mucosa rather than palate or gums, although major ulcers may also appear in the throat. Some patients experience a tingling feeling in the area that a subsequent ulcer develops.

Aphthous ulcers cannot be transmitted; their cause is unknown.

Stopping smoking may make the ulcers occur more frequently or more severely. No long term consequences are known and ulcers are likely to become less frequent as the affected person becomes older.

Because the clinical features are so characteristic, we rarely have to take a piece of tissue for examination under the microscope. Blood tests may be taken to see if you are deficient in iron, vitamin B12 and folate as being low in these vitamins and minerals will make your ulcers worse.

Treatment
Minor aphthae heal without scarring within 7 to 10 days with or without treatment. Ulcer frequency and size can be controlled, but rarely cured. Local application of corticosteroid as mouthwashes, sprays or ointments in the early stages may prevent ulcer development or speed up the healing process. Once the ulcer appears, nothing can be done to reverse the lesion; however, application of local analgesic agents (Difflam®) or covering agents (orabase®) may reduce pain during eating. Some ulcers heal quicker if you use an antiseptic mouthwash (Corsodyl®).

Rarely people with aphthae require tablets to swallow to control their recurrence and severity. Medications which may be used for management of severe oral ulceration include colchicine, corticosteroids, immune system suppressants or thalidomide.

These drugs may have side effects and careful monitoring, sometimes including regular blood tests, will be required.