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Preface: Clinical Approaches to Oral Mucosal Disorders ix

Thomas P. Sollecito and Eric T. Stoopler

Update on Oral Fungal Infections 561

Brian C. Muzyka and Rodolfo N. Epifanio

The incidence of oral fungal infections has increased in recent years as a result of factors such as increased number of solid organ transplantations and the widespread use of immunosuppressive drug therapies. This article reviews the diagnosis and treatment of oral fungal infections. At one time oral fungal infections were a relatively uncommon event, but with advances in health care and polypharmacy in an increasingly aging population, these infections are becoming a more routine clinical finding. The dental practitioner therefore needs to be familiar with the diagnosis and management of oral fungal infections.

Erythema Multiforme: A Review of Epidemiology, Pathogenesis, Clinical Features, and Treatment 583

Firoozeh Samim, Ajit Auluck, Christopher Zed, and P. Michele Williams

Erythema multiforme (EM) is an acute, immune-mediated disorder affecting the skin and/or mucous membranes, including the oral cavity. Target or iris lesions distributed symmetrically on the extremities and trunk characterize the condition. Infections are the most common cause of EM and the most frequently implicated infectious agent causing clinical disease is the herpes simplex virus. The diagnosis of EM is typically based on the patient's history and clinical findings. Management involves controlling the underlying infection or causative agent, symptom control, and adequate hydration. The epidemiology, pathogenesis, clinical features, diagnosis, and treatment of EM are reviewed in this article.

Pemphigus 597

Frank A. Santoro, Eric T. Stoopler, and Victoria P. Werth

Pemphigus vulgaris and paraneoplastic pemphigus are 2 subtypes of pemphigus that involve the oral mucosa. These autoimmune blistering disorders have antibodies targeted against proteins of keratinocyte adhesion, thereby causing acantholysis. Clinical findings include oral erosions and flaccid cutaneous bullae and erosions. Further malignancy workup in patients with suspected paraneoplastic pemphigus is warranted. Retrospective uncontrolled studies suggest that immunosuppressive agents reduce mortality in pemphigus vulgaris and cohort uncontrolled studies of rituximab, a monoclonal antibody against CD20, suggest it is an effective treatment for refractory patients. Ongoing studies will define its role in early disease.

- Mucous Membrane Pemphigoid** 611
Hong-Hui Xu, Victoria P. Werth, Ernesta Parisi, and Thomas P. Sollecito
- Mucous membrane pemphigoid (MMP) is chronic and frequently associated with exacerbations and remissions of clinical signs and symptoms. Clinicians should use pathologic and immunologic techniques to help diagnose patients. Multidisciplinary collaboration is often necessary for the diagnosis and proper treatment of MMP. Systemic adjuvant immunosuppressive therapy is necessary for patients with progressive disease. In spite of the advances in available immunosuppressive medications and biologics, scarring is a significant complication in many cases. Surgical intervention is not curable; however, it may be necessary for restoring function and improving quality of life.
- Systemic Lupus Erythematosus: Epidemiology, Pathophysiology, Manifestations, and Management** 631
Giulio Fortuna and Michael T. Brennan
- Systemic lupus erythematosus is a chronic autoimmune disorder characterized by production of autoantibodies directed against nuclear and cytoplasmic antigens, affecting several organs. Although cause is largely unknown, pathophysiology is attributed to several factors. Clinically, this disorder is characterized by periods of remission and relapse and may present with various constitutional and organ-specific symptoms. Diagnosis is achieved via clinical findings and laboratory examinations. Therapies are based on disease activity and severity. General treatment considerations include sun protection, diet and nutrition, smoking cessation, exercise, and appropriate immunization, whereas organ-specific treatments include use of steroidal and nonsteroidal anti-inflammatory drugs, immunosuppressive agents, and biologic agents.
- An Update on Granulomatous Diseases of the Oral Tissues** 657
Faizan Alawi
- With new insights into the pathogenesis of specific granulomatous diseases, and with the advent of high-throughput genetic screening and availability of next-generation biological therapies, clinicians have several options at their disposal to help ensure accurate diagnosis and effective treatment. This article highlights some of the current knowledge about the more common granulomatous systemic diseases that may be encountered in clinical practice.
- Oral Lesions Associated with Human Immunodeficiency Virus Disease** 673
Lauren L. Patton
- Human immunodeficiency virus (HIV)-associated oral disease among people living with HIV infection includes oral candidiasis, oral hairy leukoplakia, Kaposi sarcoma, oral warts, herpes simplex virus ulcers, major aphthous ulcers or ulcers not otherwise specified, HIV salivary gland disease, and atypical gingival and periodontal diseases. Diagnosis of some oral lesions is based on clinical appearance and behavior, whereas others require biopsy, culture, or imaging for definitive diagnosis. Management strategies

including pharmacologic and nonpharmacologic approaches are discussed in this article. Dentists also need to be cognizant of the potential oral side effects of HIV antiretroviral medications.

Pigmented Lesions of the Oral Cavity: An Update

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Faizan Alawi

Oral pigmentation may be focal, multifocal, or diffuse. The lesions may be blue, purple, brown, gray, or black. They may be macular or tumefactive. Some are localized harmless accumulations of melanin, hemosiderin, or exogenous metal; others are harbingers of systemic or genetic disease; and some can be associated with life-threatening medical conditions that require immediate intervention. The differential diagnosis for any pigmented lesion is extensive, and can include examples of endogenous and exogenous pigmentation. Although biopsy is a helpful and necessary aid in the diagnosis of focally pigmented lesions, with diffuse presentations lesions require a thorough history and laboratory studies to establish a definitive diagnosis.

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