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Oral herpes virus infections (OHVIs) are among the most common mucosal disorders encountered by oral health care providers. These infections can affect individuals at any age, from infants to the elderly, and may cause significant pain and dysfunction. Immunosuppressed patients may be at increased risk for serious and potential life-threatening complications caused by OHVIs. Clinicians may have difficulty in diagnosing these infections because they can mimic other conditions of the oral mucosa. This article provides oral health care providers with clinically relevant information regarding etiopathogenesis, diagnosis, and management of OHVIs.	
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Recurrent aphthous stomatitis (RAS) is the most common ulcerative disease affecting the oral mucosa. RAS occurs mostly in healthy individuals and has an atypical clinical presentation in immunocompromised individuals. The etiology of RAS is still unknown, but several local, systemic, immunologic, genetic, allergic, nutritional, and microbial factors, as well as immunosuppressive drugs, have been proposed as causative agents. Clinical management of RAS using topical and systemic therapies is based on severity of symptoms and the frequency, size, and number of lesions. The goals of therapy are to decrease pain and ulcer size, promote healing, and decrease the frequency of recurrence.	
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Oral lichen planus (OLP) is commonly found in middle-aged women. Although the cause is unknown, research points to several complex immunologic events and cells that are responsible for the inflammatory destruction and chronicity of these lesions. Biopsy for histologic diagnosis is recommended. The mainstay of treatment remains topical corticosteroids; however, newer therapies such as immunomodulating agents are available for recalcitrant lesions. In cases of lichenoid mucositis or reactions, treatment should be directed at identifying and removing the presumed cause. Given the apparent risk of squamous cell carcinoma in these patients, frequent follow-up and repeat biopsy are vital.	
<b>Oral Cancer: Leukoplakia, Premalignancy, and Squamous Cell Carcinoma</b>	<b>315</b>
Nelson L. Rhodus, A. Ross Kerr, and Ketan Patel	
In this article, the epidemiology, etiologic risk factors, clinical presentation, recognition, and diagnosis of oral precancer and cancer are reviewed.	

Recommendations on clinical examination and early diagnostic techniques (including adjuncts) are presented. Treatment and complications from treatment of oral cancer are discussed.

**Chemotherapy or Radiation-Induced Oral Mucositis** **341**

Rajesh V. Lalla, Deborah P. Saunders, and Douglas E. Peterson

Oral mucositis is a significant toxicity of systemic chemotherapy and of radiation therapy to the head and neck region. The morbidity of oral mucositis can include pain, nutritional compromise, impact on quality of life, alteration in cancer therapy, risk for infection, and economic costs. Management includes general symptomatic support and targeted therapeutic interventions for the prevention or treatment of oral mucositis. Evidence-based clinical practice guidelines are available to guide clinicians in the selection of effective management strategies.

**Oral Graft-Versus-Host Disease** **351**

Michal Kuten-Shorrer, Sook-Bin Woo, and Nathaniel S. Treister

Allogeneic hematopoietic cell transplantation (allo-HCT) is used for the treatment of a variety of disorders, primarily hematologic malignancies. Graft-versus-host disease (GVHD) is a significant complication following allo-HCT and a major cause of morbidity and mortality. The oral cavity is frequently involved in GVHD, leading to pain, functional impairment, and reduced quality of life. Early diagnosis, management, and long-term follow-up of oral GVHD are important components of overall patient care.

**Antiresorptive Drug-related Osteonecrosis of the Jaw** **369**

Jettie Uyanne, Colonya C. Calhoun, and Anh D. Le

Nitrogen-containing and non-nitrogen-containing bisphosphonates have been implicated in the development of osteonecrosis of the jaw (ONJ), a condition termed bisphosphonate-related OHJ. Other antiresorptive drugs have been implicated in the development of OHJ, hence the new term antiresorptive drug-related ONJ. The underlying pathogenesis remains unclear, and no definite diagnosis or cure has been established for this debilitating condition. This article reviews some of the most common antiresorptive drugs with their associated risks of ONJ and the current understanding of the pathogenesis ONJ, and summarizes current clinical guidelines.

**The Role of Human Papillomavirus in Oral Disease** **385**

Gordon A. Pringle

A wide range of human papillomavirus (HPV) genotypes have been detected in oral mucosa. Clinical infections with low-risk genotypes manifest as squamous papilloma, condyloma acuminatum, verruca vulgaris, or multifocal epithelial hyperplasia. Clinical infections with high-risk genotypes have been associated with malignant lesions. The most common genotype isolated from subclinical infection is HPV-16. A causal role for HPV in carcinogenesis of oral squamous carcinoma is minimal. Ongoing vaccination against HPV types 6, 11, 16, and 18 is expected to decrease the spread of

infection and decrease the carcinogenic potential of HPV-16 in the oropharynx and oral cavity.

**Perioral Lesions and Dermatoses****401**

Geoffrey F.S. Lim, Carrie Ann R. Cusack, and Joseph M. Kist

The purpose of this article is to review the common neoplasms, infections, and inflammatory dermatoses that may present around or near the mouth. Dental professionals are well positioned to evaluate perioral skin conditions, further contributing to patients' general health. This article includes a review of seborrheic keratosis, warts, actinic keratoses, actinic cheilitis, and squamous cell carcinoma, among several other perioral cutaneous lesions.

**Pediatric Soft Tissue Oral Lesions****437**

Andres Pinto, Christel M. Haberland, and Suher Baker

This article provides an overview of common color changes and soft tissue oral nodular abnormalities in children and adolescents. The clinical presentation and treatment options to address these conditions are presented in a concise approach, highlighting key features relevant to the oral health care professional.

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