



Stomatitis: inflammation of the oral mucosa (including inner cheeks, gums, lips, and tongue) that is characterized by the presence of painful ulcerations or lesions inside the mouth

DIFFERENTIAL DIAGNOSIS

Recurrent Aphthous Stomatitis	<ul style="list-style-type: none"> Benign condition that may regularly reoccur Sole physical finding: ≥ 1 painful oral ulcer
Infection	<p>Viral</p> <ul style="list-style-type: none"> Most common infectious cause Common Agents: <ul style="list-style-type: none"> HSV1 Coxsackievirus causing HFMD or herpangina <p>Bacterial</p> <ul style="list-style-type: none"> Uncommon if otherwise healthy <p>Fungal</p> <ul style="list-style-type: none"> Common Agents: <ul style="list-style-type: none"> Candida
Contact Stomatitis	<p>Irritants</p> <ul style="list-style-type: none"> Ex. excessive hot/cold exposure, acidic or basic substances, smokeless tobacco <p>Allergens</p> <ul style="list-style-type: none"> Ex. preservatives, oral flavourings
Systemic Disorders	<ul style="list-style-type: none"> Behçet's disease IBD Celiac disease Diabetes mellitus Systemic lupus erythematosus Dermatomyositis PFAPA Cyclic neutropenia Nutritional deficiencies
Iatrogenic	<ul style="list-style-type: none"> Chemotherapy or radiation therapy

REFER TO SPECIALIST WHEN:

- Underlying cause is uncertain
- Oral lesions persist > 2 weeks
- Other signs of systemic disease

PRESENTATION

Clinical Features

Features vary per etiology

- Red or white oral lesion(s) often with erythematous halos
- Erosions or ulcerations
- Fissuring at corners of mouth
- Mouth pain or burning



Signs of Systemic Disease

- Fever
- Failure to thrive
- Lymphadenopathy
- Organomegaly
- Dermatologic or joint abnormalities

INVESTIGATIONS

- Most cases:** lab evaluations are not helpful in diagnosis or management
- If persistent lesions with other systemic findings:** CBC, ESR, serum iron/folate/vitamin B12/zinc

MANAGEMENT

TREATMENT GOALS:



Maximize pain relief
Prevent dehydration



Agents for Pain Relief

- Systemic ibuprofen or acetaminophen
- Topical Substances
 - Saline rinse
 - Diphenhydramine-aluminum hydroxide with magnesium hydroxide-viscous lidocaine compounded in various combinations ("*Magic Mouthwash*")
 - Benzocaine
 - Pectin
 - Kaolin

Antimicrobials

**Antimicrobials are generally not indicated*

**Oral acyclovir is not indicated in most cases of stomatitis; it may be indicated in children presenting early in disease course with severe HSV stomatitis or in immunocompromised patients*

**Topical acyclovir is ineffective in an otherwise healthy child with herpes stomatitis*