Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies ***NLM ID:*** *101716117*

Journal home page: www.jamdsr.com doi: 10.21276/jamdsr Indian Citation Index (ICI) Index Copernicus value = 100

(e) ISSN Online: 2321-9599; (p) ISSN Print: 2348-6805

Case Report

Traumatic Ulcer: A Case Report

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ABSTRACT:
The most prevalent oral ulcers are those caused by trauma, and their aetiopathogenesis has been frequently obvious. Yet, oral wear can be misdiagnosed and managed incorrectly. Traumatic ulceration is a common presenting sign in a myriad of diseases of oral cavity. Traumatic oral ulcers are lesions named by external factors associated with occasional or continuous trauma. Careful clinical a medical history a nice evaluation may lead to proper diagnosis and better therapeutic conduct. It is an open sore caused by physical, chemical a thermal injury. It can be acute and severe Ailing due to an inadvertent lip bite or check bite, tooth brush abrasion, accidental bite on sharp foods or lip biting due to numbness" after local Anesthesia.
Keywords: Traumatic Oral Ulcers, Granuloma, Mucosa, Erythematous Halo, Healing

Received: 13 March, 2024 Accepted: 15 April, 2024

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This article may be cited as: Poojitha P, Swaroopini PK, Priyanka Y, Deepthi BS, Swathi M. Traumatic Ulcer: A Case Report. J Adv Med Dent Scie Res 2024;12(4):32-34.

INTRODUCTION

We all are aware that the traumatic oral ulcers commonly occur in the oral cavity, resulting in the loss of entire epithelium. Traumatic oral ulcers often appear to mimic other lesions of the oral mucosa. Traumatic oral ulcers may have a similar appearance to some oral ulcer like lesions such as traumatic ulcer granuloma with stomal eosinophilia (TUGSE) oral squamous cell carcinoma (OSCC). Literature has well evidenced that the oral ulcers are frequent lesions resulting from many etiologic factors.[1-5] They are most common on the buccal mucosa (28.5%) tongue (16.6%) ≤ lower lips (8.3%). Traumatic oral ulcers may result from physical, chemical or thermal injures. Teeth can alter the soft tissues of the mouth due to improper positioning sharp or jagged edges due to tooth decay or fractures or defective restoration.

CASE REPORT

A 21yr old, male patient reported to the hospital with a chief complaint of pain in Lower Lip region. It started initially by impingement of the anterior tooth to the lower lip & later ruptures of the labial mucosa. The patient gives history of lip biting at night time. Patient gives history of ulcer in lower lip region since 1week. On Extraoral examination and on inspection, a solitary ulcer of size approximately 5x5mm seen involving lower lip surrounded by erythematous halo. On palpation, all the inspectory findings are confirmed. The lesion is tender, non-indurated, soft in consistency, rough in texture. Based on history and clinical findings this case is diagnosed as Traumatic ulcer involving lower lip (Figures 1-3). Differential diagnosis: Recurrent Aphthous Stomatitis, Recurrent herpetic stomatitis (RHS), Cyclic neutropenia, writer's syndrome, Behcet's syndrome.

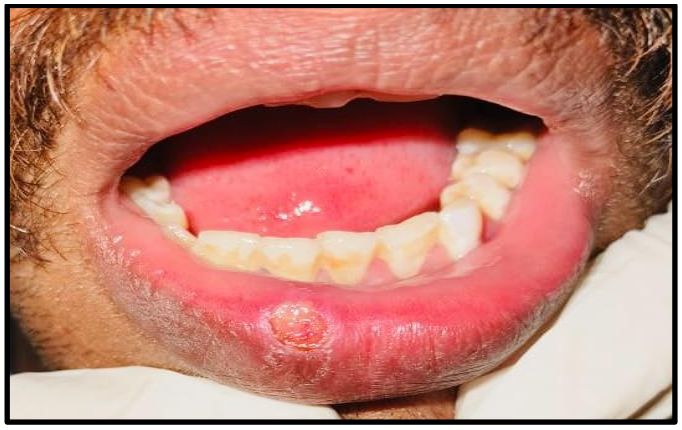

Figure 1: Patient's Profile

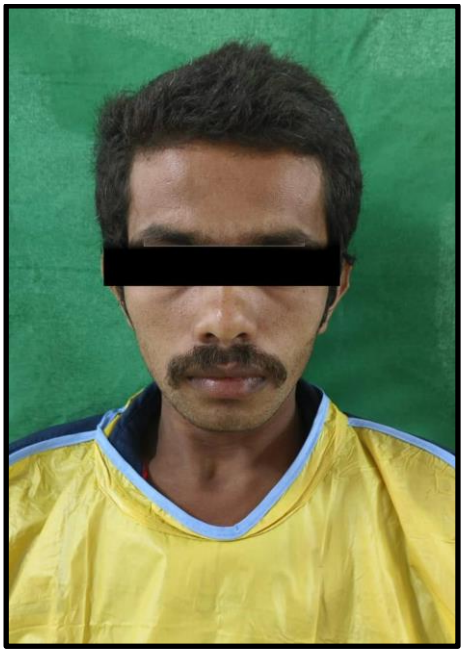

Figure 2: Traumatic Ulcer Involving Lower

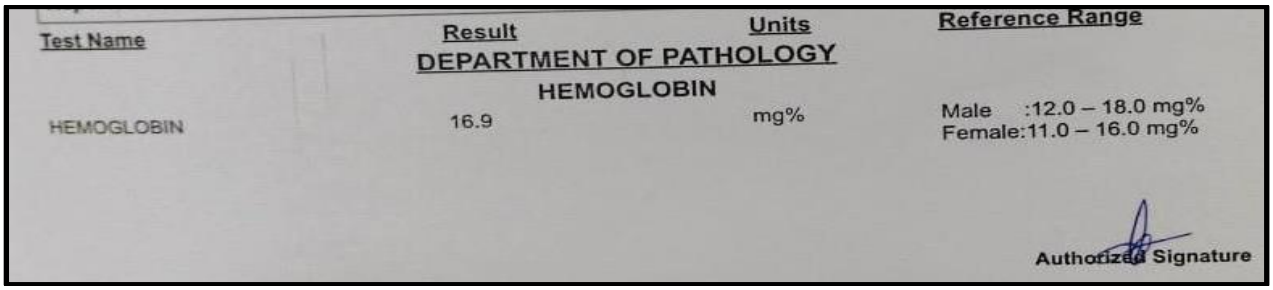

Figure 3: Blood Investigations

DISCUSSION

Traumatic ulcers are common painful mucosal conditions affecting the oral cavity which results in loss of entire epithelium. The patient is advised for blood investigation and has no systemic illness. Most important characteristic of an ulcer is its evolution. Usually, an ulcer occurs in three phases: 1.Extension, 2.Transition, 3.Healing or repair. Acute ulcers often last less than 2 weeks and are painful which motivates the patient to consult. The ulcer may develop into chronicity. Traumatic ulcers are not always easy to diagnose especially when there is no history of trauma. Self-induced injuries caused by para-functional habits are uncommon and challenging to identify.

TREATMENT

Since the traumatic ulcer has no histopathology and ulcerations are very small. So, we do not require any biopsy, rather complicating the lesions. We can do a

simple treatment for this type of lesion. Primary treatment modality states with anti-inflammatory analgesics and antiseptic ointments composed of

- Benzocaine or lidocaine 10-20%
- Choline salicylate 4%
- Xylocaine 2%
- Benzydamine hydrochloride
- Betadine iodine ointment
- Chlorhexidine + metronidazole ointment
- Supportive therapy includes vitamin B12, and zinc can be added in addition to the above other agents for 10-15 days.

In a few resistant cases, we can use triamcinolone acetonide 0.1% (topical steroid) in this type of milder form of case. The cases have been treated with the above-mentioned drugs

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