

Perspective on Aphthous Stomatitis

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Perspective

Aphthous stomatitis is a frequent illness characterised by the development of non-contagious, benign mouth ulcers in otherwise healthy people. Canker sores are a colloquial phrase that is mostly used in North America, but it can also apply to any mouth ulcer. The aetiology is unknown, although it involves a T cell-mediated immunological response that can be activated by a variety of events. Nutritional deficiencies, local trauma, stress, hormonal impacts, allergies, genetic predisposition, and other variables can all be triggers for various people. These ulcers appear on a regular basis and heal entirely in between episodes. Individual ulcers typically last 7–10 days, and ulceration episodes occur 3–6 times per year in the majority of cases.

Although the more severe forms, which are less common, may also involve keratinizing epithelial surfaces in the mouth (i.e. anywhere except the attached gingiva, the hard palate, and the dorsum of the tongue), the majority of them appear on non-keratinizing epithelial surfaces in the mouth (i.e. anywhere except the attached gingiva, the hard palate, and the dorsum of the tongue). Symptoms might range from a little annoyance to the inability to eat or drink. Severe cases can be debilitating, even causing weight loss due to malnutrition.

The illness is extremely widespread, affecting approximately 20% of the general population. The illness usually begins in childhood or adolescence and lasts for several years before gradually dissipating. There is no cure, thus medications like corticosteroids are used to alleviate discomfort, speed up healing, and limit the number of ulcerations. There are no systemic symptoms

or signs in people who have aphthous stomatitis. Prodromal sensations such as burning, itching, or stinging, which may occur many hours before the formation of any lesion; and discomfort, which is typically out of proportion to the amount of the ulceration and is exacerbated by physical contact, particularly with specific meals and drinks.

The pain is most intense in the days following the ulcer's initial creation, and then gradually fades as the ulcer heals. Speaking and chewing can be uncomfortable if there are lesions on the tongue, and ulcers on the soft palate, back of the throat, or oesophagus can make swallowing difficult. The lesions themselves are the only source of symptoms. Ulceration events occur 3–6 times a year on average. Severe illness, on the other hand, is characterized by nearly continual ulceration (new lesions appearing before old ones heal) and can produce terrible chronic pain and make eating difficult. This prevents appropriate food intake in severe cases, resulting in malnutrition and weight loss.

Typically, aphthous ulcers begin as erythematous macules (a reddish, flat patch of mucosa) that progress to ulcers coated in a yellow-grey fibrinous membrane that can be scraped away. The ulcer is surrounded by a reddish "halo." The size, number, location, healing duration, and frequency with which ulcers occur are all determined by the aphthous stomatitis subtype. The exact cause is unknown; however it is believed to be multifactorial. Aphthous stomatitis is thought to be a collection of disorders with various causes, rather than a singular organism. Multiple investigations have tried to find a causal organism, but aphthous stomatitis appears to be non-contagious, non-infectious, and not sexually transmissible.

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