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Preface

Thomas P. Sollecito

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Variations of Structure and Appearance of the Oral Mucosa

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Thomas J. Canaan and Sean C. Meehan

Among the most important factors in a thorough clinical examination is the dentist's ability to recognize and make distinctions among normal oral structures, variations of normal structures, and pathologic entities. The practitioner's diagnostic acumen is essential to this process and is a skill gained and refined by clinical experience and continuing education. In this introductory article, the authors describe normal entities, anomalies, and benign soft tissue lesions of interest to the clinician. For presentation, these structures are organized according to their location within the oral cavity.

Oral Herpetic Infections (HSV 1-8)

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Eric T. Stoopler

Oral herpes virus infections are commonly seen by the dental practitioner. Saliva is a reservoir for the herpes virus, and a variety of infections, both localized and systemic, may be induced by the virus. Patients who are immunocompromised may be at risk for serious and potentially life-threatening complications of herpes virus infections. This article highlights the basic virology and clinical manifestations of herpetic infections and the differential diagnosis and management of oral herpes virus infections.

Recurrent Aphthous Stomatitis

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Sunday O. Akintoye and Martin S. Greenberg

The cause of recurrent aphthous stomatitis (RAS) remains unknown despite considerable research. This article reviews the

evidence for current theories regarding this disorder, including possible suspected relationships with microbial and immunologic factors, and presents medical diseases that mimic RAS lesions in certain patients. Topical management of the common form of minor RAS is described along with systemic therapy currently available to patients with severe forms of this disease.

Oral Fungal Infections

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Brian C. Muzyka

This article reviews the diagnosis and treatment of common oral fungal infections.

Erythema Multiforme: A Review and Contrast from Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis

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P. Michele Williams and Robert J. Conklin

Erythema multiforme and Stevens-Johnson syndrome/toxic epidermal necrolysis are separate diseases. Recent evidence suggests that they have different etiologies and require different treatments. This article provides an overview of the two conditions with emphasis on the differences between them. An outline of the diagnosis and management of the diseases is included.

Lichen Planus, Lichenoid Drug Reactions, and Lichenoid Mucositis

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Scott S. DeRossi and Katharine N. Ciarrocca

Lichen planus is a common mucocutaneous disease affecting a significant portion of the general population. This article reviews the most current concepts on the epidemiology, etiology, pathogenesis, clinical presentations, and treatment of oral lichen planus, lichenoid drug reactions, and lichenoid mucositis.

Mucous Membrane Pemphigoid

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Thomas P. Sollecito and Ernesta Parisi

Mucous membrane pemphigoid (MMP) is a chronic, subepithelial autoimmune disease, which predominantly involves mucosal surfaces and results in mucosal blistering, ulceration, and subsequent scarring. This article discusses the epidemiology, clinical presentation, pathophysiology, diagnosis, and management of MMP, with mention of related subepithelial bullous dermatoses.

Pemphigus

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Dominik A. Ettl

Pemphigus is an umbrella term for more than 10 different epidermal disease types and subtypes currently classified under this

name. Characteristic for pemphigus are the presence of autoantibodies against epidermal cell adhesion structures (desmosomes), leading to a breakdown of cutaneous and mucosal barriers. The two most important disease types for dentists are pemphigus vulgaris and paraneoplastic pemphigus because they almost invariably present with oral manifestations. This article highlights current knowledge on the pathophysiology, the clinical signs, and the practical clinical diagnostic approach to these two serious disorders and treatment.

Oral Manifestations of Patients with Lupus Erythematosus

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Michael T. Brennan, Manuel A. Valerin, Joel J. Napeñas, and Peter B. Lockhart

Lupus erythematosus manifests as cutaneous variants, such as discoid lupus erythematosus or systemic lupus erythematosus. Systemic lupus erythematosus is a multisystem autoimmune disease characterized by general autoantibody production and a wide range of mucocutaneous, renal, neuropsychiatric, cardiovascular, infectious, and hematologic manifestations. This article discusses the prevalence of and considerations for oral mucosal lesions in lupus erythematosus and the impact of the various disease manifestations of systemic lupus erythematosus on dental management.

Oral Cancer: Leukoplakia and Squamous Cell Carcinoma

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Nelson L. Rhodus

This article reviews the epidemiology, etiologic risk factors, clinical presentation, recognition, and diagnosis of oral precancer and cancer. The actual treatment and complications from treatment of oral cancer are discussed only briefly.

Oral Mucositis

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Rajesh V. Lalla and Douglas E. Peterson

Oral mucositis refers to erythematous, erosive, and ulcerative lesions of the oral mucosa seen in two patient populations: (1) head and neck cancer patients undergoing radiation therapy to fields involving the oral cavity, and (2) patients receiving high-dose chemotherapy for cancer. Oral mucositis is a significant and dose-limiting toxicity of cancer therapy, with important clinical and economic implications. This article reviews the current knowledge on the pathogenesis, clinical presentation, diagnosis, and management of oral mucositis.

Pigmented Lesions of the Oral Cavity

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Craig L. Hatch

The management of pigmented oral lesions varies based on the diagnosis, ranging from the extremes of patient reassurance to radi-

cal surgical excision. This article delineates the factors that will help the clinician differentially diagnose pigmented lesions of the oral cavity. The parameters of care regarding the spectrum of pigmentations are also reviewed.

Granulomatous Diseases of the Oral Tissues: Differential Diagnosis and Update

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Faizan Alawi

Because of the relatively nonspecific clinical findings associated with a variety of granulomatous diseases, a microscopic diagnosis of granulomatous inflammation often presents a diagnostic dilemma for the clinician. The most common differential diagnosis includes foreign body reactions, infection, Crohn's disease, sarcoidosis, and orofacial granulomatosis. However, a variety of other conditions may be associated with granuloma formation. Often an extensive clinical, microscopic, and laboratory evaluation may be required to identify the source of the granulomatous inflammation. This article highlights the origin, clinical manifestations, current diagnostic modalities, and treatment of specific granulomatous diseases that may be encountered in clinical practice.

Common Benign Oral Soft Tissue Masses

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Tara Esmeili, Francina Lozada-Nur, and Joel Epstein

This article reviews some of the more common benign oral soft tissue masses with emphasis on their etiology, epidemiology, clinical presentation, histopathology, and treatment. These lesions include traumatic fibroma, mucocele, warts/papilloma, pyogenic granuloma, peripheral giant cell granuloma, generalized gingival hyperplasia, gingival fibromatosis, lateral periodontal cyst, lipoma, and denture-induced hyperplasia.

Pediatric Soft Tissue Lesions

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Andres Pinto

Soft tissue oral and perioral lesions in the pediatric population are numerous and occur in various clinical presentations. Some conditions observed in children share characteristics with adult-onset disease. Other oral lesions are limited to the pediatric population. This article focuses on the more common soft tissue manifestations in children. Rather than a comprehensive review of pediatric oral pathology, the article offers an overview of selected clinical conditions often encountered in young patients.

Orofacial Disorders in Children with HIV Disease

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Michael Glick

The most common orofacial disorders found among HIV-infected children are oral candidiasis, parotid gland enlargement,

lymphadenopathy, and oral dryness. These changes are strongly related to immune suppression, immune deterioration, and HIV disease progression. The classification of oral lesions in pediatric patients needs to be updated to reflect the relationship between immunologic and virologic markers.