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Preface

Oral Soft Tissue Lesions

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Guest Editor

Oral health mirroring systemic health has been a proposition dating back to the earliest of times. Now, as noted in the May 2000 Surgeon General's report regarding oral health, the concept that oral health is intimately related to systemic health is overwhelmingly accepted by most health care providers. It is well known that some systemic diseases have oral manifestations and that local oral disease may be related to an underlying systemic disorder. Recognition that oral lesions may be the initial presenting sign during early stages of systemic disease may allow more efficient diagnosis of that underlying disorder. Moreover, local oral disease may play a role in the cause and perpetuation of some common systemic diseases. These concepts reflect the importance of this issue.

Diagnosis of oral soft tissue lesions can be a daunting task for the most experienced clinician as well as for the novice dental student. Many lesions have a similar clinical appearance. Often no sole characteristic presenting sign differentiates one soft tissue disease from another. It is therefore of prime importance for the clinician to obtain a detailed medical history, including the history of the present oral condition, the patient's past medical history, and any symptomatology that the patient may be experiencing. Occasionally, a family history can be helpful, because some conditions have a genetic predisposition. During this questioning, it is imperative to ascertain how long the lesion has been present and how frequently the patient experiences the problem. The clinician also needs to know if the lesion is associated with any additional symptom and if there are lesions elsewhere on the body. The clinician should question the patient about any existing medical problem and

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whether the patient has taken any new medication or started using a new dental product, because some oral lesions are related to these products. By obtaining and appreciating the patient's history, the clinician is better able to characterize the oral soft tissue lesion and, consequently, better able to diagnose and treat the problem.

Once a clinician acquires the necessary information about an oral soft tissue lesion, the next challenge, after evaluating that lesion, is to classify it so that the clinician can formulate a differential diagnosis. This is a challenge that I, too, face—not only as a clinician but also as the guest editor of this publication. Many authors have arbitrarily classified lesions for ease in formulating a differential diagnosis. Under scrutiny, it becomes clear that a convenient or a universal classification system for oral lesions is lacking. Some authors classify lesions according to the number of lesions present, whereas others classify them according to the length of time that the lesion has been present. Another common classification system focuses on the patient's systemic symptoms, such as a viral syndrome, to suggest a classification system based on symptoms suggesting an infectious versus immunologic process. Still other classification systems can be based on texture, color, or location of the lesions. Because different oral soft tissue diseases can have various causes, classification based on broad etiologic categories may not be inclusive of all disorders, or there may be significant overlap within different etiologic categories. Moreover, the origins for some soft tissue lesions remain elusive.

Most clinicians experienced in diagnosing oral soft tissue disease often use components of all classification systems to help formulate a differential diagnosis. The astute clinician combines the patient's medical history and examination findings with the various classification categories to arrive at a diagnosis. For example, a patient with acutely presenting multiple lesions evokes a differential diagnosis of herpetic gingivostomatitis or aphthous stomatitis, whereas a patient with a chronic, single ulcer oral cancer would be a strong concern.

This issue begins with an article regarding variations in appearance of oral structures, followed by various common oral disorders. I, too, have arbitrarily categorized lesions that are acute in presentation, such as herpetic infections, aphthous stomatitis, fungal infections, and erythema multiforme, from those that are chronic, including lichen planus, pemphigoid, pemphigus, and lupus. The latest updates on oral cancer and on mucositis related to cancer therapy are presented. This issue also covers pigmented oral lesions, granulomatous disease, and common soft tissue masses. Finally, two articles are devoted to the pediatric population. One article reviews common pediatric oral disorders, and the second reviews orofacial disorders in children with HIV disease. All of the contributing authors have been carefully selected and are experts in oral diseases. The authors have been asked to present the latest information in epidemiology, etiology, and basic pathophysiology. In addition, the authors describe the clinical presentation, the diagnostic

techniques used to reach that diagnosis, and the latest treatment options available. Color photographs enhance the clinical descriptions and allow better appreciation of the diagnostic entities.

This information should enhance the clinician's ability to diagnose and treat the oral condition and the clinician's awareness that the oral lesion diagnosed may be the early manifestation of an underlying disease.

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