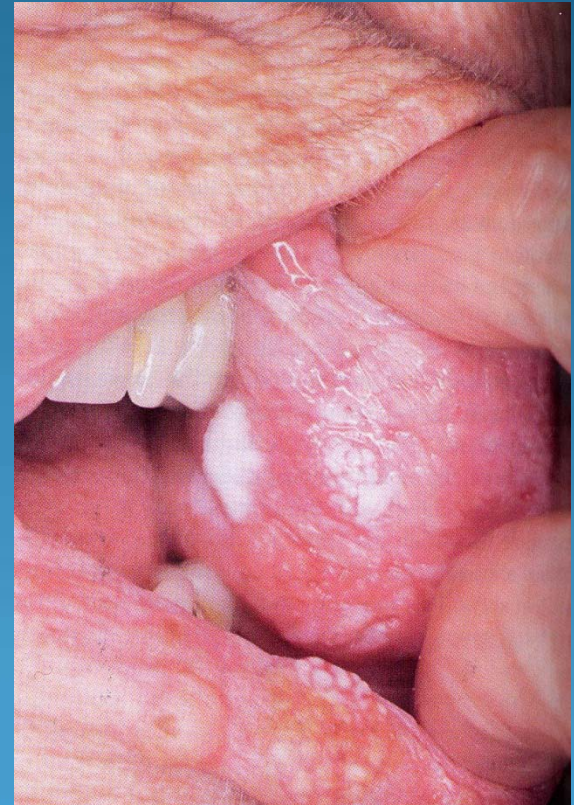


Leukoplakia

It literally means “white plaque,” and it is a “wastebasket” clinical term used to describe nonspecific white lesions of mucosal surfaces.

Basic Differential Diagnosis

1. Candidiasis (Thrush)
2. Lichen Planus
3. Oral Hairy Leukoplakia
4. SCC



Oral Candidiasis

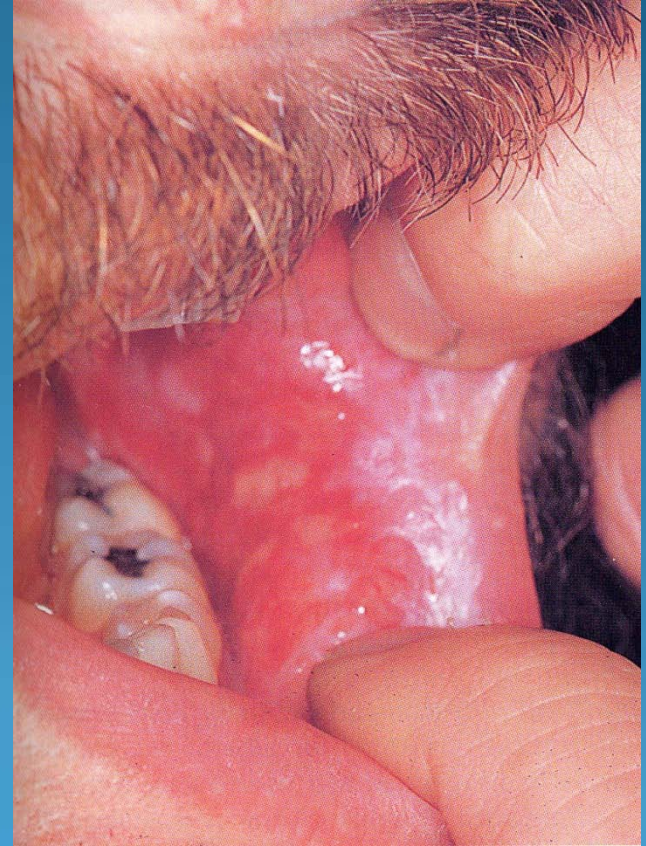
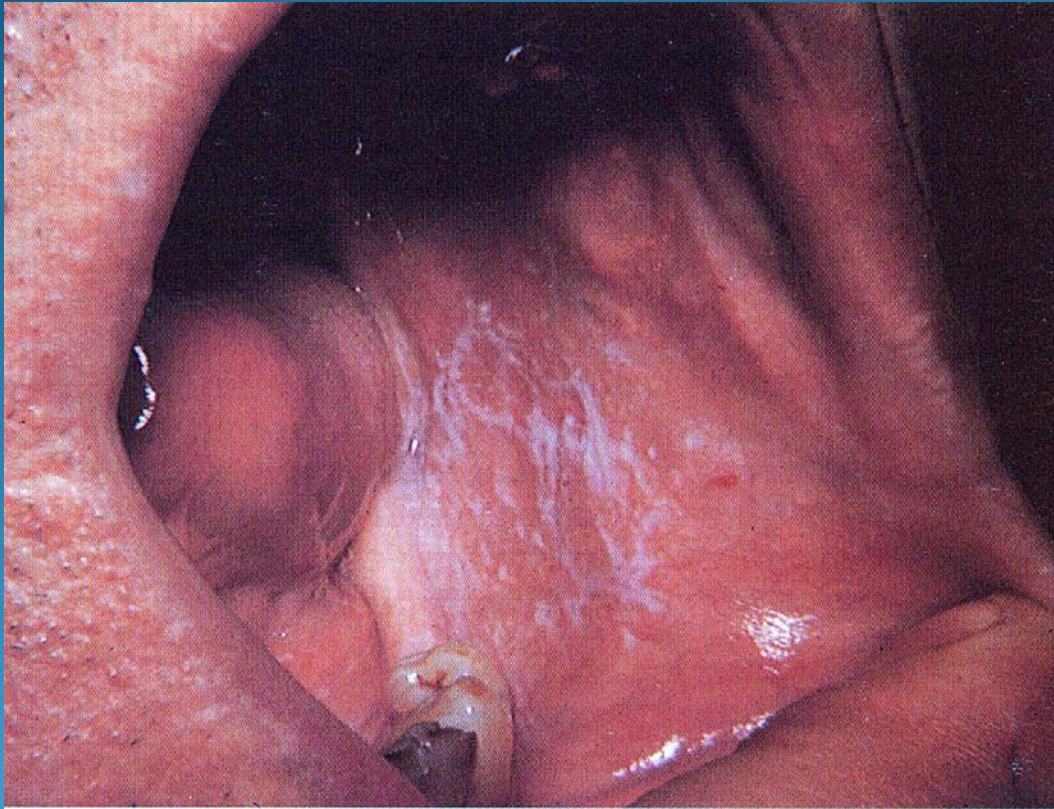


Features of Oral Candidiasis

- An infection of oral epithelium
- Most common in newborns and adults who wear dentures, use aerosolized steroids, are being treated with broad-spectrum systemic abx, or are immunosuppressed.
- White, “cottage cheese” like material can be scraped off leaving an erythematous base. Tongue and buccal mucosa most often affected. Angles of the mouth may also be involved (angular cheilitis).
- KOH prep proves infection, but a culture is not helpful because *Candida albicans* may be normal flora.
- Tx with Nystatin “swish and swallow” four times daily OR clotrimazole troches 5 times a day for 1-2 weeks OR itraconazole “swish and swallow” OR systemic therapies with fluconazole or ketoconazole.
- Esophageal involvement or systemic spread can occur in immunosuppressed patients.

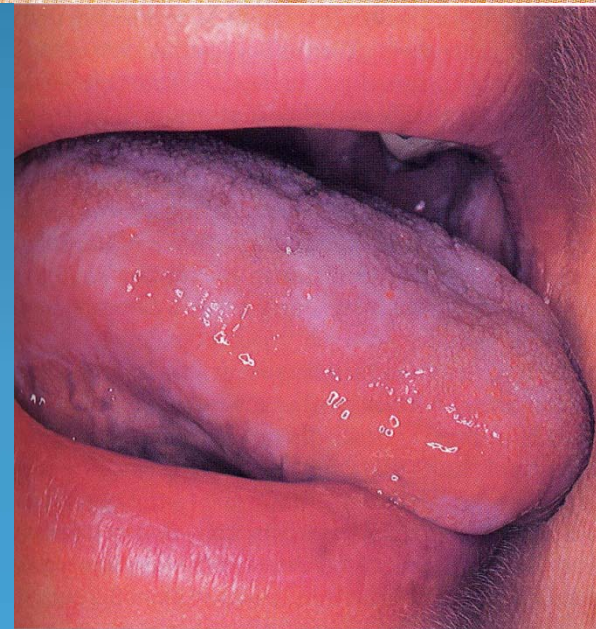
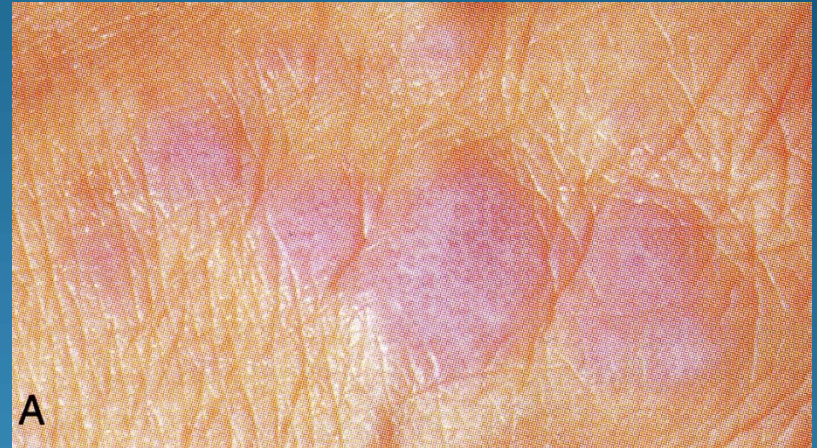


Lichen Planus



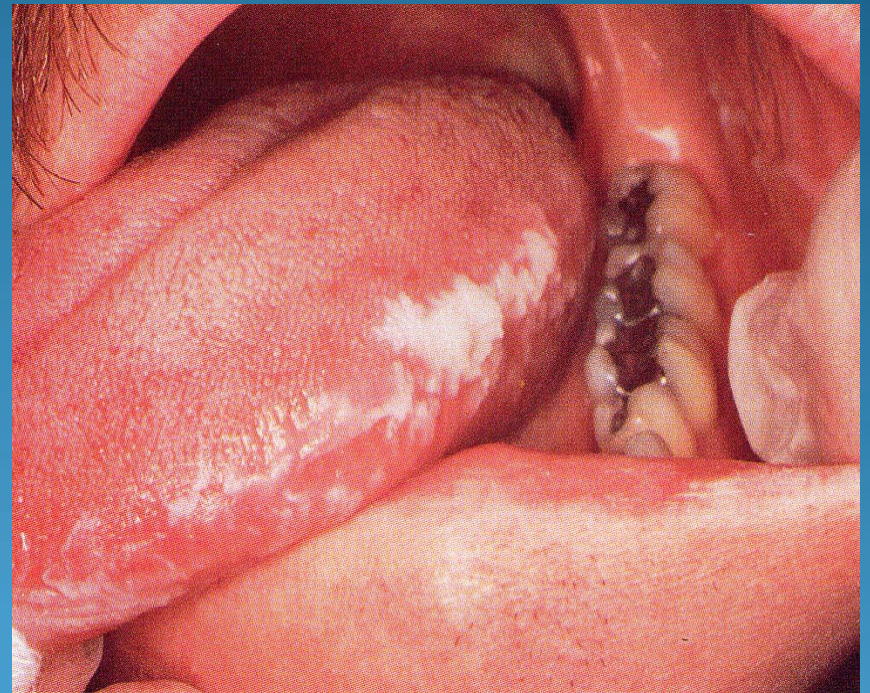
Oral Lichen Planus

- An idiopathic inflammatory disorder of unknown pathogenesis, but likely an autoimmune phenomenon.
- Patches usually appear as white lines and puncta in a reticulated pattern that can occasionally become confluent to form a solid plaque.
- Buccal mucosa is most common site of involvement (bilateral virtually 100% of the time). Skin lesion accompany oral lesions 10-40% of the time.
- Bx is diagnostic if clinical doubt exists. Characteristic histology: hyperkeratosis, thickened granular layer, degeneration and necrosis of basal cell layer, and “bank-like” inflammatory infiltrate of papillary dermis that obscures dermal-epidermal junction.
- Treatment with topical and systemic steroids and retinoids have been used with some success.



Oral Hairy Leukoplakia

- Affects the sides of the tongue with white papules and plaques that sometimes have a filiform (“hairy”) surface.
- Occurs almost exclusively in AIDS patients.
- Ultimately, as many as 30% of AIDS patients are affected. It may be the first sign of HIV infection.
- It is asymptomatic, not premalignant, and it is caused by Epstein-Barr virus.
- Treat with anti-retrovirals for HIV and anti-herpes family drugs (i.e. acyclovir) for lesions.



Oral Squamous Cell Carcinoma

- Accounts for 90% of oral cancers.
- Alcohol and tobacco are the major epidemiologic risk factors.
- Approximately 2-6% of leukoplakia represents dysplasia or early invasive SCC.
- Unlike oral candidiasis, lesions cannot be scraped off. Clinical suspicion should be heightened by induration, ulceration, and erythroplakia.
- Excision is the best treatment, and early detection decreases chances for metastases.

