

Eroded buccal mucosa

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A woman presents with recurrent, irregular, eroded lesions inside her left cheek. What are these lesions?

Over a two-year period, a 24-year-old woman developed recurrent, irregular, eroded lesions localised to her left buccal mucosa (Figure 1). The edges of the lesions were frayed. A mucosal biopsy showed a hyperplastic epithelium with a fragmented surface. The epithelium showed prominent intracellular oedema near the surface. There was no cellular atypia (Figure 2).

Differential diagnosis

Erosive lesions on the buccal mucosa may be due to a number of conditions:

- **Oral lichen planus** may present as erosive lesions, but these are usually bilateral. Characteristic white, lace-like areas are seen adjacent to the erosions. Mucosal biopsy demonstrates a prominent lymphocytic infiltrate hugging the mucosal epithelium, with vacuolar degeneration of the basal keratinocytes.

- **Leukoplakia** is the clinical term for white patches, which may be eroded. The lesions are slowly progressive and are not associated with recurrent healing erosions. Mucosal biopsy shows mild to severe epithelial dysplasia.
- **Pemphigus vulgaris and cicatricial pemphigoid** are bullous dermatoses that often commence in the oral cavity. The lesions are usually not localised to one site for prolonged periods. Early blisters that lead to erosions can be observed. Skin biopsy shows loss of adhesion of keratinocytes (pemphigus) or subepidermal clefts (cicatricial pemphigoid). Immunofluorescence is positive.
- **Cheek biting** is the correct diagnosis. It is due to a compulsive habit to bite and tear the buccal mucosa. Occasionally a primary buccal mucosal lesion, dental manipulation, or malocclusion may be the primary basis.

Treatment

Cheek biting is seen in association with teeth grinding as well as lip or nail biting. Treatment is often difficult because no primary basis may be found. Dental review should be arranged. Maxillary occlusal splints and biofeedback techniques have been used.

Keypoint

Cheek biting may produce distinctive clinical and biopsy findings. **MT**



Figure 1. Buccal mucosa with tattered surface.

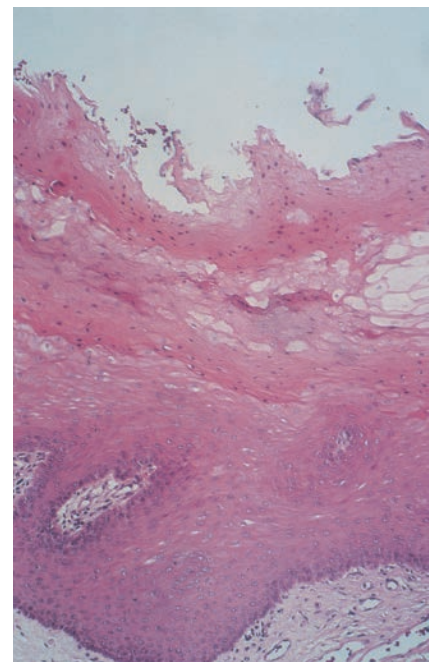


Figure 2. Mucosal biopsy demonstrating a well differentiated hyperplastic epithelium with frayed surface and intracellular oedema.

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