

How I deal with recurrent aphthous ulceration

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Aphthous ulcers are very common. Most cases settle without treatment, but a small percentage of patients suffer painful recurrences that affect their quality of life. This month, Dr Ellard describes her approach to managing patients with recurrent aphthous ulceration.



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Figure. Large ulcer and smaller satellite lesion on the lower lip.

Remember

- Approximately 25% of the population has experienced aphthous ulceration at some time.
- Aphthous ulcers are more likely to occur in people who do not smoke. People who smoke may experience a recurrence when they cease smoking.
- Some patients believe that their ulcers flare in response to stress. Some women say that flares occur in the premenstrual week.
- Very rarely, recurrent aphthous ulceration is associated with another condition, such as coeliac disease,

Crohn's disease, Behçet's disease or AIDS.

Assessment

- What is the appearance of the ulcer? A white slough on its base is typical. Rolled edges can indicate carcinoma and a requirement for biopsy.
- Is an abnormality in the mouth present that is causing chronic trauma? Look for poorly fitting dentures, broken teeth and braces.
- Does the patient have any features to suggest coeliac disease, Crohn's disease, Behçet's disease or HIV infection?
- Is the remainder of the physical examination normal?
- Is recurrence frequent? If so, perform a full blood count to check for signs of inflammation and serological screening for coeliac disease (transglutaminase, endomysial and antigliadin antibodies) and HIV infection.

Treatment

- If the problem is not severe, try Bonjela (an oral analgesic gel containing cetalkonium chloride and choline salicylate) and reassure the patient that

aphthous ulcers are benign and likely to resolve in a few days.

- A few treatment options are available for recurrent ulcers that are causing great distress:
 - Oral prednisone (Panafcort, Sone). Try starting at 25 mg per day and reducing the dose quickly.
 - Nicotine patches (NicabateCQ, NicabateCQ Clear, Nicorette Patch, Nicotinell, QuitX Patches). These products are particularly useful in people who have ceased smoking but can also help those who do not smoke. Use of a chewing gum that contains nicotine usually hurts the ulcers too much to be helpful.
 - Thalidomide. Although it is a treatment of last resort, thalidomide can be very effective. Applications can be made under the Special Access Scheme on a compassionate basis for individual patients, and the treatment must be administered under the supervision of a hospital pharmacy. Patients must be informed of the risks and agree to abide by the recommendations about sexual activity and contraception.

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