

Recurring mouth ulcers

Oral & Maxillofacial Surgery

Information for Patients

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What are mouth ulcers?

Mouth ulcers are painful patches that can occur anywhere inside the mouth. There are a number of different types and causes of mouth ulcers, and at least 1 in 5 people can develop an ulcer at some point in their lives with women being more affected than men.

Some people may experience mouth ulcers which keep coming back; this is called recurring mouth ulcers.

What can cause these ulcers?

- Immune response; these ulcers are thought to occur due to the body's own immune system reacting against itself.
- Vitamin deficiencies, such as iron and B12. These ulcers usually go away without treatment after 10 to 14 days, but can recur if vitamin levels remain low/untreated.
- Injury from ill-fitting dentures or trauma from a toothbrush.
- Changes in hormone levels. Some women get ulcers just before their period (menstruating), whilst others only develop them after the menopause.
- Stress and anxiety is said to trigger ulcers in some patients.
- Some medications can cause ulcers, they include:
 - Nicorandil, a medication used to treat angina.
 - Anti-inflammatory medications eg; ibuprofen.
 - Beta-blockers, medicines used to treat angina and high blood pressure, and abnormal heart rhythms.

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- Side effects of chemotherapy or radiotherapy (known as mucositis).
- Coeliac disease (immune disease where the body attacks itself when you eat foods containing gluten).
- Crohn's disease (an inflammatory bowel disease, causing chronic inflammation of the digestive system).
- Systemic lupus (an inflammatory disease where the body attacks itself. It can affect the joints, skin, brain, kidneys, lungs and blood vessels).
- Reactive arthritis (arthritis that occurs in response to infection, elsewhere in the body).
- Weakened immune system, for example if you've had the cold or flu.

Aphthous ulcers

Aphthous ulcers are small, shallow but painful sores that appear in the soft tissues of the mouth and at the base of your gums. These are the most common type of recurring mouth ulcers.

There are 3 main types of ulcers that can appear in the mouth. They are categorized based on their size, number and their healing pattern. In all cases the ulcers are yellow with a red border and oval or round shaped.

- **Minor** aphthous ulcers: the most common with 8 in 10 cases. They are usually small, round or oval shaped, measuring less than 10mm across. They are pale yellow, with the area around looking red and swollen. 1 ulcer may appear, but up to 5 may appear at a time, taking 7 to 10 days to heal without leaving a scar. In the mouth, they can appear inside the lips, cheeks, on the tongue and sometimes under the tongue.
- **Major** aphthous ulcers: these occur in 1 in 10 cases, and are 10mm or larger across. In most cases only 1 or 2 appear at a time, lasting anywhere from 2 weeks to several months. They heal but will leave a scar. They tend to be quite painful and may make it painful to eat and swallow, especially if there is an ulcer on the roof of the mouth.
- **Herpetiform** ulcer: these occur in 1 in 10 cases. They are tiny, pin head sized ulcers, measuring around 1 to 2 mm in size. Around 20 to 30 may appear at a time, which may all join together to form one large ulcerated area. These tend to appear under the tongue, on the sides of the tongue, but despite its name, is not caused by the herpes virus.

Is there any treatment available?

If the cause of a recurrent ulcer can be linked to blood deficiencies (for example low iron or vitamin B12), then your GP can prescribe medications to correct this. If it is linked to things such as chemotherapy/radiotherapy, these will usually settle once the treatment and its side effects on the body have eased.

The usual treatment for recurrent ulcers in the mouth is to try to ease the discomfort, and try to reduce the time the ulcer(s) lasts and encourage healing.

- They usually **resolve** within 10 to 14 days on their own.
- For severe cases, steroids in dissolving tablet form, to be used as a mouthwash may be prescribed and is effective for most patients. The dissolved tablet is held in the mouth for 3 minutes, before spitting out. This **should not** be swallowed! It is used to decrease how often and how long you have the ulcers. In extreme cases, the clinician may consider prescribing steroids to be swallowed.
- **Anaesthetic** mouthwashes can be used to help with discomfort. Usually, **Diffiam** mouthwash/ spray is recommended and can be bought over the counter at any pharmacy. If Diffiam is uncomfortable to use, there are also gel forms of numbing gel (topical anaesthetic), which would need to be prescribed.
- Diluted **Corsodyl** mouthwash may be used. This has been shown to reduce how long you may have the ulcers, and stop them becoming infected.

What can I do to help?

Your mouth may be sore or sensitive during a flare up, and you may find your gums bleed when brushing, making it sore to brush as normal. However, you must try to maintain good oral hygiene to prevent plaque build up, which may cause irritation of the gums.

You may wish to try a soft or child's toothbrush, as this will be gentler on the gums, using small circular motions in each area. In addition, regular treatment with a hygienist is advised.

If you have an ulcer which persists longer than its usual cycle or up to 3 weeks and more, please see your dentist or GP as soon as possible.

Contact details

Maxillofacial Department

Reception: 0116 258 5301

Nurses station: 0116 258 5671

We are open Monday to Friday, 9am to 5pm.

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