

ضایعات بافت نرم دهان در کودکان

زبان، لثه بیماریهای عفونی

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ضایعات شایع لثه در کودکان

Eruption Cyst / Hematoma

- Normal finding
- Dome-shaped cyst
- Associated with eruption of teeth
- Cyst fluid may be mixed with blood (eruption hematoma)
- No treatment necessary



Gingival pigmentation

- ⦿ Normal finding in dark-skinned children
- ⦿ No treatment necessary



Retrocuspid papillae

- Firm, round, pink to red papule
- 2 to 3 mm (0.1 inches) in diameter
- Located on the inner gum below the lower canines
- Often bilateral
- Resolves spontaneously



Parulis ("gum boil")

- Associated with primary tooth abscess
- Soft, solitary, reddish papule on the outer gum above or below the abscessed tooth
- Drainage or pus may be observed
- Complete pulpectomy or extraction of involved tooth



Gingival overgrowth (inflammatory)

- Associated with longstanding gingivitis or chronic mouth breathing
- Erythematous gums with shiny, friable surface that bleeds easily
- Involves the gums between the teeth and at the margins of the teeth
- Often resolves with adequate plaque control
- May require gingivectomy





Gingival overgrowth (Infiltrative)

- Associated with leukemia, particularly AML
- Edematous and hemorrhagic
- Treatment of underlying disease



Gingival overgrowth (Drug-induced)

- Commonly precipitated by phenytoin, nifedipine, and cyclosporine A
- Painless, firm, fibrous overgrowth
- Bleeding is uncommon
- May progress to cover the crown of the tooth
- Meticulous oral hygiene
- Discontinuation of offending drug, if possible
- May require gingivectomy



Gingival overgrowth (Hereditary)

- Onset in early childhood
- Progressive nonhemorrhagic fibrous enlargement
- May be associated with failure or delay of primary or permanent tooth eruption
- Meticulous oral hygiene
- Gingivectomy



Vascular

localized juvenile spongiotic gingival hyperplasia

- Localized erythema of the attached gingiva of the front teeth
- Most common in female adolescents
- Topical corticosteroid



Gingival recession

- Associated with abnormally erupted teeth
- Narrowing of the gums above and below the teeth
- Orthodontic repositioning of malpositioned teeth
- Gingival grafting may be necessary for severe recession

Peripheral giant cell granuloma

- Bluish-purple traumatic overgrowth
- Typically occur on the gingiva
- Slightly more common on the lower gums
- More common in children with mixed dentition and adults between 30 and 40 years of age
- More common in females
- Surgical excision

HIV gingivitis (linear gingival erythema)

- Brightly inflamed gums at the margins of the teeth
- Bleeds easily
- Painful
- Debridement
- Antibiotics
- Antibacterial oral rinses



Other gum lesions

- Irritant fibromas
- Peripheral ossifying fibromas
- Pyogenic granulomas
- Peripheral giant cell granulomas
- Traumatic ulcers
- Aphthous ulcers
- HSV gingivostomatitis

ضایعات شایع زبان در کودکان

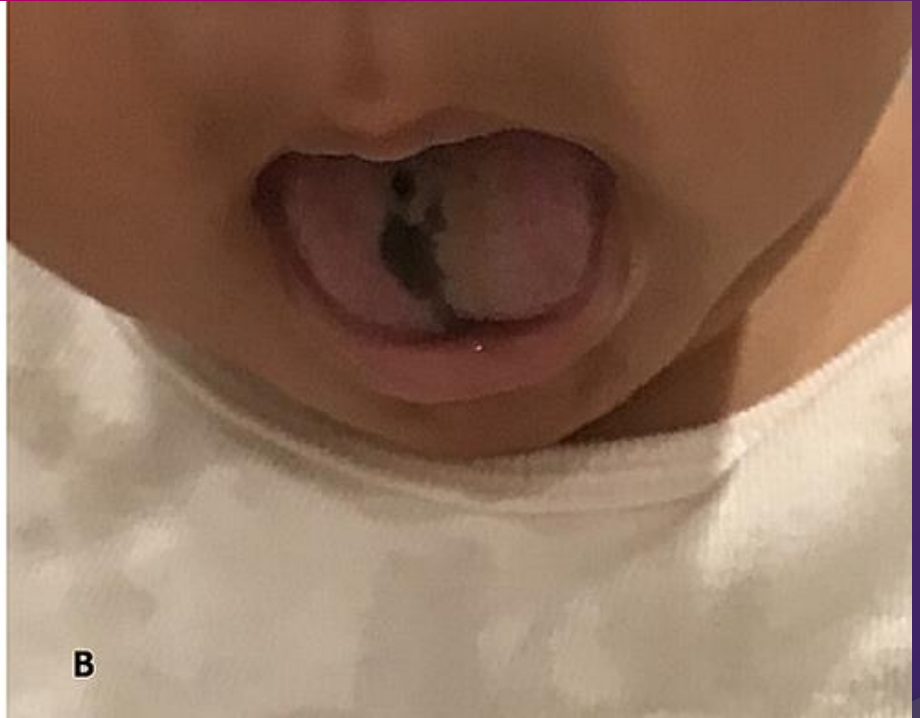
Ankyloglossia

- Tongue movement is restricted by a short, tight frenum between the tongue and floor of the mouth
- May require frenotomy (refer to UpToDate content on ankyloglossia in children)



Congenital melanotic macules

- Present from birth
- Single or multiple, asymptomatic, hyperpigmented macules
- Range from 3 mm to 3 cm (0.1 to 1.2 inches) in diameter; size increases proportionally as the child grows
- No family history of systemic conditions associated with mucosal pigmentation (eg, Peutz-Jeghers syndrome)
- Monitor over time



Geographic tongue

- Pink to red, slightly depressed lesions with irregular, elevated, curvilinear white or yellow borders
- Pattern of lesions changes continuously
- Does not require treatment
- Avoidance of acidic foods and beverages is helpful if the lesions are sensitive



Fissured tongue

- Marked central fissure from front to back of tongue
- Smaller fissures radiate laterally from the central fissure
- Removal of trapped food particles through brushing of the tongue



DermNetNZ.org

Mucoceles & ranulas

- Painless swelling, smooth walled, bluish or translucent
- Usually <1 cm (0.4 inches) in diameter
- Usually located on the inside of the lower lip but may occur on the tongue or floor of the mouth (ranula)
- May spontaneously resolve
- Surgical excision with associated minor salivary gland for mucoceles that interfere with function or cause discomfort
- Surgical treatment, ranging from incision and drainage to marsupialization to excision for ranulas



(a)



(b)



(c)

Other tongue lesions:

- Hemangiomas
- Lymphangiomas
- Irritation fibromas
- Traumatic ulcers
- Aphthous ulcers
- Thrush
- HSV gingivostomatitis
- HFMD

ضایعات عفونی شایع در کودکان

HSV gingivostomatitis

- Red, edematous marginal gingivae
- Clusters of small vesicles that become yellow after rupture and are surrounded by a red halo
- Vesicles occur on the gums, tongue, lips, hard palate, buccal mucosa, and perioral skin
- Supportive care to prevent dehydration
- Symptomatic pain control
- Topical barrier cream
- Oral acyclovir may be warranted (refer to UpToDate content on herpetic gingivostomatitis in young children)



Herpes labialis

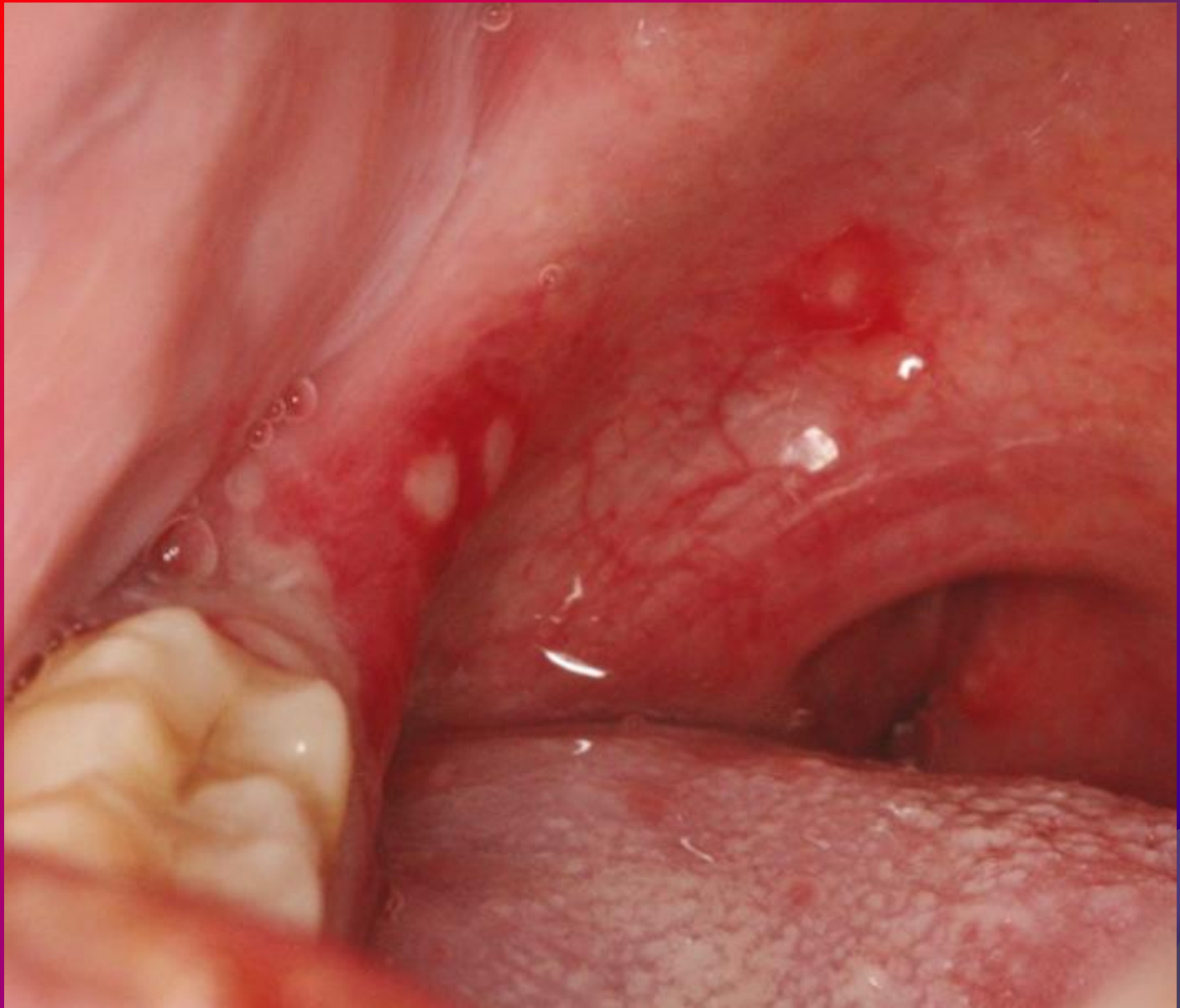
(fever blister, cold sore)

- Vesicular eruption of skin adjacent to lip
- Vesicles rupture to form ulcers and crusts
- Caused by HSV
- Refer to UpToDate content on treatment of HSV type 1 infection for treatment indications and options



Herpangina

- Lesions progress from yellow/greyish-white papules to vesicles to shallow ulcerations
- The lesions most frequently involve the soft palate, tonsils, and uvula
- Typically occurs in children age 3 to 10 years
- Supportive care to prevent dehydration
- Symptomatic treatment of pain



HFMD

(Hand Foot Mouth Disease)

- Oral vesicles, small cutaneous lesions on the hands, feet, buttocks, and genitalia
- Supportive care to prevent dehydration
- Symptomatic pain control



Thrush

(Pseudomembranous Candidiasis)

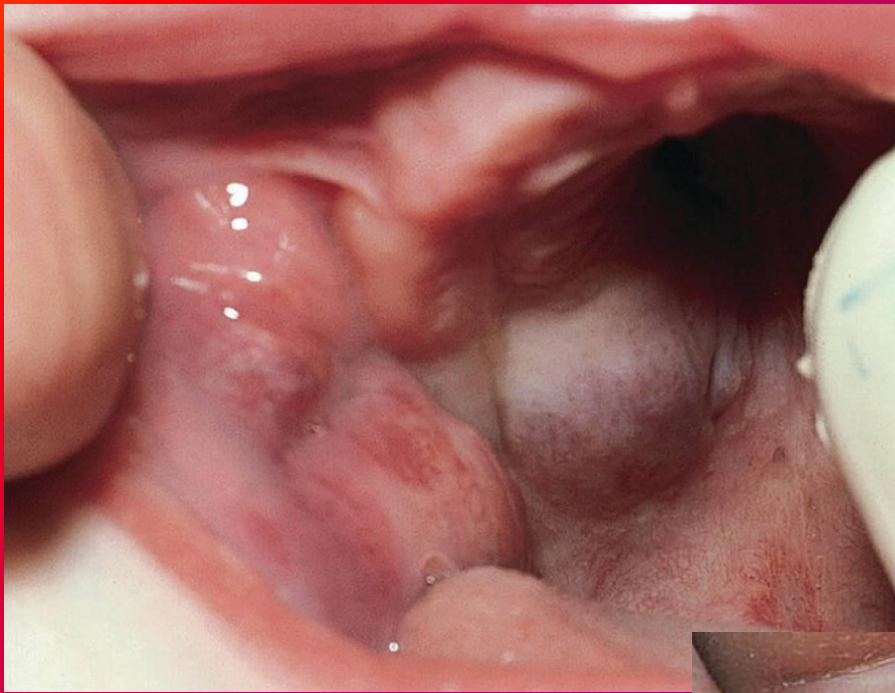
- White plaques on the tongue, lips, palate, and/or buccal mucosa
- Sterilization/decolonization of items placed in the mouth (eg, pacifiers, bottle nipples)
- Topical or systemic antifungal therapy may be warranted for symptomatic patients
- Refer to UpToDate content on oropharyngeal candidiasis in children



ضایعاتی که در نواحی مختلف رخ می دهند

Hemangioma

- Red or bluish-red, raised, moderately firm to palpation
- Appear early in life, enlarge during infancy, and regress during childhood
- May occur on any oral mucosa (eg, gums, tongue, lips, palate, buccal mucosa)



Lymphangiomas

- Pink to reddish-blue, soft, compressible
- May be present at birth or develop early in life
- May occur on the tongue, lips, or buccal mucosa
- May require surgical resection or percutaneous chemoablation



Pyogenic granuloma (lobular capillary hemangioma)

- Bright red lesion with rapid growth, friable surface, easy bleeding
- May be triggered by trauma
- More common in females
- Surgical excision



Traumatic ulcers

- Occur on the gums, tongue, lips, palate, and buccal mucosa
- Spontaneous healing with removal of source of trauma



Aphthous ulcer

- Localized, shallow, round to oval ulcers with grayish base
- Occur on the gums, tongue, lips, palate, and buccal mucosa
- Refer to UpToDate content on aphthous ulcerations



WEAR MASK

