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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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# Recurrent Aphthous Oral Ulceration

## WHAT IS RECURRENT ORAL ULCERATION?

Recurrent aphthous oral ulceration is a term used to describe small mouth ulcers which generally last a few days but come back every few weeks or months. Typically they affect the tongue, lips and cheeks, but ulcers can appear in any part of the mouth. They are very common, often starting in childhood. About two in every three people will have been affected with recurrent oral ulceration at some time in their lives. Women are affected more often than men.

There are three types:

- **Minor aphthous ulcers** are the most common (8 in 10 cases). They are small, round, or oval, and are less than 10 mm across. They look pale yellow, but the area around them may look swollen and red. Only one ulcer may develop, but up to five may appear at the same time. Each ulcer lasts 7-10 days, and then goes without leaving a scar. They are not usually very painful.
- **Major aphthous ulcers** occur in about 1 in 10 cases. These are 10 mm or larger. Usually only one or two appear at a time. Each ulcer lasts from two weeks to several months, and then goes but leaves a scar. They can be very painful - eating may become difficult.

- **Pinpoint aphthous ulcers** occur in about 1 in 10 cases. These are tiny, about 1-2 mm across. Many occur at the same time, but some may join together and form irregular shapes.
- Each ulcer lasts one week to two months. (These are sometimes called '**herpetiform ulcers**', but they have nothing to do with herpes or the herpes virus.)

Aphthous ulcers usually first occur between the ages of 10 and 40. They then recur from time to time. There can be days, weeks, months, or years between each bout of ulcers. The ulcers tend to recur less often as you become older. In many cases, they eventually stop coming back. Some people feel a burning in part(s) of the mouth for a day or so before an ulcer appears.

## WHAT CAUSES THEM?

Although the cause of the most common type of recurrent oral ulceration is unknown there are lots of reasons why people can get other types of ulcers in their mouths. In some cases, the ulcers are related to other factors or diseases.

These include:

- Injury - such as badly fitting dentures, a graze from a harsh toothbrush, etc.

sure why but people often grow out of mouth ulcers by their 30s or 40s. However they can disappear sooner or carry on for longer in some people.

## FURTHER INFORMATION

Additional advice regarding Aphthous Oral Ulceration can be obtained by contacting St. Peter's Hospital – **telephone 01932 872000** ext 2493 or Ashford Hospital – telephone **01784 884009**

Additional information can also be obtained by logging on to <http://www.baoms.org.uk/sitemap.asp?id=20>

### Other web links

National Institute of Dental and Craniofacial Research  
Patient.co.uk

- Steroid lozenges may also reduce the pain, and may help ulcers to heal more quickly. By using your tongue you can keep a lozenge in contact with an ulcer until the lozenge dissolves. A steroid lozenge works best the sooner it is started once an ulcer erupts. If used early, it may 'nip it in the bud', and prevent an ulcer from fully erupting. The usual dose is one lozenge, four times a day, until the ulcer goes. In children, use for no more than five days at a time.
- Steroid paste (gel) is an alternative to a lozenge.
- A painkilling oral rinse, gel, or mouth spray may help to ease pain. For example, Benzydamine spray, or Choline Salicylate gel. However, the effect of each dose does not last very long.

You can buy all the treatments listed above from pharmacies without a prescription. Ask your pharmacist for advice as they come in various brand names.

Other treatments may be tried if the preceding do not help or where the pain and ulceration are severe. For example, a course of steroid tablets, strong steroid mouthwashes and some immunosuppressant drugs.

## **ARE RECURRENT MOUTH ULCERS DANGEROUS?**

No. They are not infectious and cannot be passed on to others. Recurrent oral ulceration often gets better with age. We are not

- Changes in hormone levels. Some women find that mouth ulcers occur just before their period. In some women, the ulcers only develop after the menopause.
- Some ex-smokers find they develop ulcers only after stopping smoking.
- A lack of iron, or of certain vitamins (such as Vitamin B12 and Folic acid) may be a factor in some cases.
- Rarely, a food allergy may be the cause.
- Mouth ulcers run in some families. So, a genetic factor may play a part in some cases.
- Stress or anxiety is said to trigger aphthous mouth ulcers in some people.
- A reaction to a medication is a rare cause. For example, Nicorandil, anti-inflammatory drugs, and oral nicotine replacement therapy have been reported to cause mouth ulcers in some people.
- Rarely ulcers can be associated with skin or stomach problems.

Mouth ulcers are more common in people with Crohn's disease, Coeliac disease, HIV infection, and Bechet's disease. But the ulcers may not be aphthous type.

Tell your doctor if you have any other symptoms in addition to the mouth ulcers. Sometimes a blood sample or other tests are advised if any of the above conditions are suspected.

## **HOW CAN I TELL WHETHER MY MOUTH ULCERS ARE RELATED TO ANOTHER PROBLEM?**

Your doctor will talk to you about your general health and ask you questions about whether you have noticed any problems with your skin or stomach.

You will also be asked if you have noticed ulcers anywhere else on your body. Don't be embarrassed to tell your doctor about other symptoms. They are common in oral ulceration and will help in making an accurate diagnosis.

If you have mouth ulcers blood tests are usually taken to check if they are the result of another medical condition. However the majority of people with mouth ulcers have completely normal blood tests.

## **IS THERE ANY TREATMENT FOR THE MOUTH ULCERS?**

Because mouth ulcers are so common their treatment has been studied by lots of scientists. Treatment aims to ease the pain when ulcers occur, and to help them to heal as quickly as possible. (There is no treatment that prevents aphthous mouth ulcers from recurring.)

No treatment may be needed. The pain is often mild, particularly with the common 'minor' type of aphthous ulcer. Each bout of ulcers will go without treatment.

### **General measures include:**

- Avoid spicy foods, acidic fruit drinks, and very salty foods (such as crisps) which can make the pain worse.
- Use a straw to drink, to by-pass ulcers in the front of the mouth. (Note: do not drink hot drinks with a straw, as you may burn your throat. Only cold drinks.)
- Use a very soft toothbrush. See a dentist if you have badly fitting dentures.
- If you suspect a medication is causing the ulcers, then a change may be possible.
- Chlorhexidine mouthwash may reduce the pain. It may also help ulcers to heal more quickly. It also helps to prevent ulcers from becoming infected. Chlorhexidine mouthwash is usually used twice a day. It may stain teeth brown if you use it regularly. However, the stain is not usually permanent, and can be reduced by avoiding drinks that contain tannin (such as tea, coffee, or red wine), and by brushing teeth before use. Rinse your mouth well after you brush your teeth as some ingredients in toothpaste can inactivate Chlorhexidine.