

# Oral Pathology!!!

## Palliative Treatment

- Magic Mouthwash (Benadryl, Maalox, viscous lidocaine, & possibly nystatin)  
Below are 2 examples, but other formulations abound!  
**Rx:** 60 ml of each of the above or a 1:2:1 solution of Benadryl:Maalox:lidocaine  
Disp: 240 ml (8 oz.)  
Sig: Rinse with one tsp every 2 hours & *expectorate*
- **Rx:** 120 ml Benadryl, 100 ml viscous lidocaine, 260 ml Maalox  
Disp: 480 ml (16 oz.)  
Sig: Rinse with one tsp every 2 hours & *expectorate*

## Primary Herpetic Lesions

- **Palliative treatments**  
Benadryl or Magic Mouthwash (as listed above)
- **Systemic antiviral therapy**  
**Rx:** Acyclovir (Zovirax) capsules 200 mg  
Disp: 42 capsules  
Sig: Take 2 capsules 3 times a day  
**Rx:** Valacyclovir HCL (Valtrex) 1000 mg **or** Famciclovir (Famvir) 500 mg  
Disp: 14 caps  
Sig: Take 1 caplet twice a day

## Recurrent Herpes

- Intraoral occurs only on “bound-down” mucosa: Hard palate and attached gingiva
- Treat during prodromal symptoms
- **Topical OTCs**  
Abreva, Zilactin-L
- **Topical Rx antiviral**  
**Rx:** Acyclovir or Denavir (Penciclovir) cream  
Disp: 1 tube  
Sig: Apply to area every 2 hours for 4 days, beginning with 1st symptoms
- **Systemic Rx antivirals**  
**Rx:** Valacyclovir HCL (Valtrex) 1000 mg  
Disp: 4 caplets (certainly can dispense more to treat >1 recurrence)  
Sig: Take 2 caplets at first sign of a cold sore, then 2 caplets 12 hours later  
**Rx:** Famciclovir (Famvir) 500 mg  
Disp: 3 tablets (certainly can dispense more to treat >1 recurrence)  
Sig: Take 3 tablets as a single dose starting at prodrome  
**Rx:** Sitavig 50 mg buccal table (it is a new delivery method of acyclovir)  
Disp: 2 tablets  
Sig: Apply one tablet as a single dose to the upper gum

## OTC "Covers"

- Zilactin-B: Benzocaine, salicylic acid, tannic acid, "bioadhesive"
- Canker Cover: Menthol, hydroxypropylcellulose, "canker sore patch"
- Canker-X gel: Aloe, "provides a protective barrier"

## Aphthous ulceration (canker sores)

- Eliminate mouthwashes & "harsh" toothpastes
- ? Food elimination (chocolate, nuts, citrus, carbonated drinks, tomato products)

## Rx "Cures"

- **Topical steroids**

**Rx:** Fluocinonide gel or ointment or Temovate (clobetasol) (given BID or TID)

Disp: 1 tube

Sig: Apply to affected area QID and do not eat/drink for 30 minutes

## *Candida albicans* (intraoral)

- **Topical antifungal therapy**

**Rx:** Nystatin (Mycostatin) oral suspension

Disp: 200 ml

Sig: Swish 1 tsp. 1 minute and swallow QID until gone

Refills: one

**Rx:** Clotrimazole (Mycelex) troches 10 mg

Disp: 70 troches

Sig: Slowly dissolve 1 troche 5 times a day

- **Systemic antifungal therapy**

**Rx:** Fluconazole (Diflucan) tablets 100 mg

Disp: 15 tablets

Sig: Take 2 tablets stat, then 1 tablet daily

### **Treatment of dentures in patients with *Candida***

- Reinfection can occur if denture not also treated
- Options include soaking denture in a 1:10 solution of sodium hypochlorite & water overnight 3 times during txt.

## Angular cheilitis (extraoral *Candida*)

- **Topical antifungals**

**Rx:** Nizoral (ketoconazole) cream

Disp: 1 tube

Sig: Apply once per day

**Rx:** Mycolog II ointment (nystatin & triamcinolone acetonide)

Disp: 1 tube

Sig: Apply to affected sites after meals and before bed

## Desquamative lesions (Lichen planus, pemphigoid, pemphigus)

- Establish a diagnosis (biopsy), regular recalls, treat as necessary if symptomatic
- Topical steroids (fluocinonide or temovate as above)
- **Systemic/topical steroids**
  - Rx:** Dexamethasone elixir 0.5mg/5ml (can be used QID as a rinse/expectorate)  
Disp: 320 ml  
Sig: For 3 days, rinse with 15ml QID & swallow;  
For 3 days, rinse with 5ml QID & swallow;  
For 3 days, rinse with 5ml QID & swallow BID;  
Rinse with 5ml QID & expectorate  
Directions to include: rinse for 1 minute & do not eat/drink for 30 minutes after use.
- **Systemic steroids (lots of different ways these can be prescribed!)**
  - Rx:** Prednisone tablets 10mg  
Disp: 26 tablets  
Sig: Take 4 tabs in the morning for 5 days and then decrease by 1 tab on each successive day.

## Management of xerostomia

### Patient instruction

- Frequent sipping of water
- Letting ice melt in the mouth
- Restricting caffeine intake
- Avoiding mouth rinses containing alcohol
- Humidifying sleeping area
- Coating lips with Vaseline or other products
- Biotene products

### Saliva substitutes (OTC)

#### Saliva stimulants

**Rx:** Salagen tablets, 5mg (also available as Pilocarpine HCl solution 1mg/ml)

Disp: 90 tablets

Sig: Take 1 tablet TID

**Rx:** Evoxac (cevimeline HCl)

Disp: 90 tabs

Sig: Take 1 tablet TID

Contraindications: Asthma, COPD, glaucoma,  $\beta$ -blockers, anti-cholinergics

Side effects: sweating, nausea, chills

### Caries prevention

- 3 month recalls
- Topical fluorides
- Custom trays work well

## Burning Mouth Syndrome

- A burning sensation on the lips, tongue, or within the mouth when the cause is unknown & not a symptom of another disease.
- Txt strategies:
  - Physician referral for CBC including Fe, Zn, B-vitamins especially B12
  - Fasting blood glucose, change medications (ACE inhibitors), gastric reflux studies....
  - **Eliminate harsh toothpastes/mouthwashes**
  - **Vitamin supplements** (B-complex, Zn, Fe)
  - **Antifungal therapy** (Nystatin or Mycelex)
  - **Capsaicin desensitization**
    - OTC Zostrix cream 0.025%, apply QID
    - 1 part water: 2 parts hot sauce, rinse & expectorate every 2-3 hours
  - **Antioxidant**
    - OTC:** Alpha lipoic acid
    - Disp: OTC bottle
    - Sig: Take 200mg every 8 hours
  - **Benzodiazepine treatment**
    - Rx:** Clonazepam 0.5mg tablets (or orally disintegrating tablets)
    - Disp: 60 tablets
    - Sig: 0.25mg at bedtime & increase 0.25mg/week until symptoms resolve (1 tablet TID works well—not to exceed 2mg/day)
    - Rx:** Rx: Clonazepam (Klonopin) 1.0 mg
    - Disp: 60 tablets
    - Sig: Dissolve 1 tablet in mouth and retain saliva for 3 minutes then expectorate, 3 times/day after meals