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 does 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: Flucinonide 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;
  - 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, ß-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:** 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