

POSSIBLE NEW LINES OF THERAPY FOR RECURRENT APHTHOUS STOMATITIS

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ABSTRACT

This study was done on 38 patients suffering from recurrent aphthous ulcers more than 5 times/year, they divided into 3 groups randomly as follow: group (A), 14 patients that received amlexanox 5% paste, group (B), 14 patients that received prepared nitroglycerine paste 25 mg, and group (C) 10 patients that received placebo vehicle paste. The patients used these medications 3 times daily for 5 days. The patients reexamined after 1,3 and 5 days. The collected data and the follow up of the patients every two weeks for 6 months, showed the shortening of the healing period of RAS and prolongation of the relapse free period with amlexanox 5% better than nitroglycerin paste 25 mg without systemic manifestations for any sensitivity or irritation so, both agents were safe, and their effect on immunoglobulins were non significant.

INTRODUCTION

Recurrent aphthous stomatitis (RAS) is one of the most common painful disease, that may appear as lesions localized to the oral mucosa, or as a component of vesiculo-ulcerative disease involving multiple organ systems.⁽¹⁾ Approximately 1 in 5 people worldwide are afflicted with RAU, with usual age of onset between 10 and 19 years depending on the population sampled, RAU have a duration of 10 to 14 days to heal, but in more severe cases, lesions may persist for up to 6 weeks.⁽²⁾ The difficulty in establishing the exact nature of RAS is due in part to the non specific histopathologic features of the ulcers and to the lack of any reproducibly identifiable endogenous and/or exogenous causes.⁽³⁾ There are many reports showed a possible of viral,⁽⁴⁾ bacterial and genetic causes⁽⁵⁾, and others attempted to link the presence

of autoantibodies to the oral mucosal homogenates or the presence of some immune system disorders⁽⁶⁾ and deficiency of vit B₁₂, folic acid and serum iron,⁽⁷⁾ with an increase of oral aphthous ulcers, whereas other research has not^(4,8,9) Bachtiar et al⁽¹⁰⁾ indicated that RAU was associated with abnormal properties of CD₄⁺ and CD₈⁺ which might be of great importance in the etiology of RAU.

The lack of clarity regarding the etiology of RAU has resulted in treatments that are largely empiric, these treatments include topical agents (such as chlorhexidine gluconate and listerin,⁽¹¹⁾ topical tetracyclines,⁽¹²⁾ topical glucocorticoids⁽⁵⁾ and levamisole.⁽¹³⁾ Carbon dioxide laser therapy was also useful for treatment of RAU.⁽¹⁴⁾ Recently 2-acetylcianoacrylate tissue adhesives were used for promoting healing of RAU.⁽¹⁵⁾ Irsoglodine maleate accelerates the wound healing process in oral mu-

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