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V3969
**Common Frustrating Oral Diseases –
Diagnosis & Treatment**

John A. Svirsky, DDS, MEd
Gordon J. Christensen, DDS, MSD, PhD

Materials Included:
C.E. Instruction Sheet
Products List
Non-SLS Toothpastes
Therapy – Treatments
Clinician Responsible
Goals & Objectives
Overview
Supplemental Materials
AGD Post-Test

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PRACTICAL CLINICAL COURSES
Sources of Products Discussed in

V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment

Presented by: John A. Svirsky, DDS, MEd & Gordon J. Christensen, DDS, MSD, PhD

1. **Auromere Herbal Toothpaste Non-Foaming**
PureFormulas Inc.
11800 NW 102nd Road
Suite 2
Medley, FL 33178
(800)383-6008
www.pureformulas.com
2. **Biotene Fluoride Toothpaste**
GlaxoSmithKline
5 Crescent Drive
Philadelphia, PA 19112
(888)825-5249
www.biotene.com
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Local Pharmacy - PharmaDerm
www.pharmaderm.com
4. **ClōSYS Sulfate-Free Fluoride Toothpaste**
Rowpar Pharmaceuticals
16100 N. Greenway Hayden
Loop
Scottsdale, AZ 85260
(480)948-6997
www.closys.com
5. **Dapsone**
Local Pharmacy
6. **Debacterol**
Local Distributor –
EPIEN Medical, Inc.
www.epien.com
7. **Dexamethasone Elixir**
Local Pharmacy –
Qualitest Pharmaceuticals
www.qualitestrx.com
8. **Diphenhydramine (Benadryl) Elixir**
Local Retailer
www.benadryl.com
9. **Doxycycline**
Local Pharmacy –
West-Ward Pharmaceuticals Corp.
www.west-ward.com
10. **Fluocinonide (Lidex)**
Local Pharmacy –
Teva Pharmaceuticals USA
www.tevausa.com
11. **Hydroxychloroquine (Plaquenil)**
Local Pharmacy –
Prasco Laboratories
www.prasco.com
12. **Lidocaine (Xylocaine) Viscous 2%**
Local Pharmacy
13. **Maalox**
Local Retailer –
Novartis Consumer
Health, Inc.
www.maaloxus.com
14. **Prednisone**
Local Pharmacy –
West-Ward Pharmaceuticals Corp.
www.west-ward.com
15. **Sensodyne ProNamel Mint Essence Toothpaste**
Local Retailer – GlaxoSmithKline
www.pronamel.us
16. **Silver Nitrate Applicators**
Local Distributor –
Tech-Med Services, Inc.
www.tech-medservices.com
17. **Tacrolimus (Prograf)**
Local Pharmacy –
Astellas Pharma US, Inc.
www.prograf.com
18. **Tacrolimus (Protopic)**
Local Pharmacy –
Astellas Pharma US, Inc.
www.us.astellas.com
19. **Tincture of Benzoin**
Local Distributor –
Ellman International, Inc.
www.ellman.com
20. **Tom's of Maine Clean & Gentle with Fluoride Natural**
Tom's of Maine Store
20 Constitution Blvd. South
Shelton, CT 06484
(855)415-0069
www.tomsomainestore.com

21. **XyliWhite Toothpaste Gel**

NOW Solutions – A Division of

NOW Foods

244 Knollwood Drive

Suite 300

Bloomington, IL 60108

(888)669-3663

www.nowfoods.com

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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NON-SLS Toothpastes

- Auromere Herbal Toothpaste Non-Foaming
- Biotene Fluoride Toothpaste
- CloSYS Sulfate-Free Fluoride Toothpaste
- Sensodyne ProNamel Mint Essence Toothpaste
- Tom's of Maine Clean and Gentle with Fluoride Natural
- XyliWhite Toothpaste Gel

Ulcerative Disease Therapy

- Systemic
 - Prednisone 20 mg tablets
 - Disp: 24
 - Twelve days starting with 60 mg/day with food in AM for 4 days followed by 40 mg/day for 4 days and 20 mg/day for 4 days.
- Systemic
 - Prednisone 10 mg tablets
 - Disp: 30
 - Twelve days starting with 40 mg/day with food in AM for 3 days followed by 30 mg/day for 3 days. Then, 20 mg/day for 3 days and 10 mg/day for 3 days.

Aphthous Ulcerations

- Dexamethasone elixir .5mg/5ml
 - Disp: 12-16 oz.
 - Sig: Rinse with 1 tsp. for 2 minutes bid-qid and expectorate.
- Fluocinonide (Lidex) .05% gel
 - Disp: 15 or 30 gm tube
 - Sig: Apply a thin amount 2-3 times daily. (Ignore external use only.)
- Diphenhydramine (Benadryl) elixir 12.5 mg/5 ml with Maalox
 - Disp: Equal amounts of each
 - Sig: Rinse with 1-2 tsp. q2h prn (especially before meals) and expectorate.
 - Refrigerate
- Lidocaine (Xylocaine) viscous 2%
 - Disp: 4 oz.
 - Sig: Apply to affected area q4h prn pain.
- Magic Mouthwash (1 part viscous lidocaine 2% + 1 part Maalox + 1 part diphenhydramine 12.5 mg per 5 ml elixir)
 - Disp: 240 ml bottle
 - Sig: Rinse and (especially before meals) expectorate 5 ml prn – up to 4 times/day.
 - Refrigerate
- Suck on ice (do not chew).

Lichen Planus

- Clobetasol propionate .05% gel (Temovate)(Ignore external use only.)
 - Disp: 15 or 30 gram tube
 - Sig: Apply a thin amount to affected area bid.
- Dexamethasone elixir .5 mg/5 ml
 - Disp: 12-16 oz.
 - Sig: Rinse with 1 tsp. for 2 minutes bid-qid and expectorate.
- Prednisone 10 mg tablets (Under 130 lbs.)
 - Disp: 30
 - Sig: Use 40 mg/day in AM with food for 3 days followed by 30, 20, & 10 mg in the morning with food for 3 days each.
- Prednisone 20 mg tablets (130 lbs. or More)
 - Disp: 24
 - Sig: Take 3 tablets (60 mg) in morning with food for 4 days, followed by 2 tablets (40 mg) in the morning with food for 4 days. Then, take 1 tablet (20 mg) in the morning with food for 4 days.
- Tacrolimus (Protopic) 0.1% ointment
 - Disp: 30 gram tube
 - Sig: Apply a thin layer to the affected area and rub in gently tid.
- Tacrolimus (Prograf) 1 mg capsules (off label use)
 - Disp: one capsule and mix in 1000 ml of sterile water
 - Sig: Gargle with 1-2 tsp. and expectorate QID.
- Palliative mouth rinses are listed under aphthous ulcerations.

Chronic Ulcerative Stomatitis

- Hydroxychloroquine (Plaquenil) 200 mg tablets
 - Disp: 60
 - Sig: Take 1 tablet by mouth BID.
- Tacrolimus (Prograf) 1 mg capsules (off label use)
 - Disp: one capsule and mix in 1000 ml of sterile water
 - Sig: Gargle with 1-2 tsp. and expectorate QID.
- Lichen planus therapy tried first.

Benign Mucous Membrane Pemphigoid

- Doxycycline: from 50 mg to 200 mg QD in single or divided doses
- Topical and/or systemic steroids
- Palliative mouth rinses

PROGRAM

V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment

CLINICIANS RESPONSIBLE:

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GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. List two other names for aphthous stomatitis.
2. Describe the clinical characteristics of aphthous stomatitis.
3. List three suggested medications for aphthous stomatitis.
4. Describe the most favored treatment for aphthous stomatitis.
5. List five factors that may contribute to aphthous stomatitis.
6. Describe the clinical characteristics of lichen planus.
7. List three suggested medications for lichen planus.
8. Describe the most favored treatment for lichen planus.
9. Describe the constituents for “magic mouthwash”.
10. Discuss the differences between aphthous ulcers and lichen planus.
11. Describe the clinical characteristics of chronic ulcerative stomatitis.
12. List three suggested medications for chronic ulcerative stomatitis.
13. Describe the most favored treatment for chronic ulcerative stomatitis.
14. List five factors that may contribute to chronic ulcerative stomatitis.
15. Discuss the relationship of lichen planus to chronic ulcerative stomatitis.
16. Describe the clinical characteristics of benign mucous membrane pemphigoid.
17. List three suggested medications for benign mucous membrane pemphigoid.
18. Describe the most favored treatment for benign mucous membrane pemphigoid.
19. Describe the suggested steps in diagnosing and treatment planning for oral lesions.
20. Discuss which of the four conditions discussed in the video is most potentially dangerous.

OVERVIEW

V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment

This video presents information that is not commonly known among many dentists and physicians, although the four clinical conditions described occur quite routinely in practice. The following topics are included in the video:

- Aphthous stomatitis
- Aphthous stomatitis treatment
- Questions discussed about aphthous stomatitis
- Aphthous stomatitis treatment summarized
- Lichen planus
- Lichen planus treatment
- Questions discussed about lichen planus
- Lichen planus treatment summarized
- Chronic ulcerative stomatitis
- Chronic ulcerative stomatitis treatments
- Questions discussed about ulcerative stomatitis treatment
- Chronic ulcerative stomatitis treatment summarized
- Benign mucous membrane pemphigoid
- Benign mucous membrane pemphigoid treatment
- Questions discussed about benign mucous membrane pemphigoid
- Benign mucous membrane pemphigoid treatment summarized
- Live patient demonstration of diagnosis of oral lesion and suggested treatment
- Additional educational resources

SUPPLEMENTAL MATERIALS

V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment

1. Chamani G, Rad M, Zarei MR, Lotfi S, Sadeghi M, Ahmadi Z. Efficacy of tacrolimus and clobetasol in the treatment of oral lichen planus: a systematic review and meta-analysis. *Int J Dermatol*. 2015 Sep;54(9):996-1004. doi: 10.1111/ijd.12925. Epub 2015 Jul 23.
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5. Lopez-Jornet P, Cayuela CA, Tvarijonaviciute A, Parra-Perez F, Escribano D, Ceron J. Oral lichen planus: salivary biomarkers cortisol, immunoglobulin A, adiponectin. *J Oral Pathol Med*. 2015 Jul 27. doi: 10.1111/jop.12345. [Epub ahead of print].
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9. Murrell DF, Marinovic B, Caux F, Prost C, Ahmed R, Wozniak K, Amagai M, Bauer J, Beissert S, Borradori L, Culton D, Fairley JA, Fivenson D, Jonkman MF, Marinkovich MP, Woodley D, Zone J, Aoki V, Bernard P, Bruckner-Tuderman L, Cianchini G, Venning V, Diaz L, Eming R, Grando SA, Hall RP, Hashimoto T, Herrero-González JE, Hertl M, Joly P, Karpati S, Kim J, Chan Kim S, Korman NJ, Kowalewski C, Lee SE, Rubenstein DR, Sprecher E, Yancey K, Zambruno G, Zillikens D, Doan S, Daniel BS, Werth VP. Definitions and outcome measures for mucous membrane pemphigoid: recommendations of an international panel of experts. *J Am Acad Dermatol*. 2015 Jan;72(1):168-74. doi: 10.1016/j.jaad.2014.08.024. Epub 2014 Nov 4.
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SUPPLEMENTAL MATERIALS (CONT'D)

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11. Bankvall M, Sjöberg F, Gale G, Wold A, Jontell M, Östman S. The oral microbiota of patients with recurrent aphthous stomatitis. *J Oral Microbiol.* 2014 Oct 29;6:25739. doi: 10.3402/jom.v6.25739. eCollection 2014.
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POST-TEST

V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment

1. Aphthous stomatitis is:
 - a. communicable.
 - b. typically found on the palate and gingiva.
 - c. very painful.
 - d. viral etiology.

2. Treatment for aphthous stomatitis is:
 - a. always clobetasol gel.
 - b. relatively simple.
 - c. continued for one month.
 - d. effective in stopping aphthous stomatitis for several years.

3. Lichen planus:
 - a. usually follows a session of aphthous stomatitis.
 - b. is twice as common in men as in women.
 - c. can be psychogenic and stress induced.
 - d. responds well to antiviral medications.

4. Lichen planus:
 - a. is not a chronic disease.
 - b. occurs frequently in children.
 - c. is commonly accompanied with skin lesions.
 - d. is usually in young women.

5. Lichen planus:
 - a. can be medication induced.
 - b. most commonly occurs on the lips.
 - c. is always painful.
 - d. can be diet controlled.

6. Skin lesions related to lichen planus are:
 - a. purple.
 - b. polygonal.
 - c. papular.
 - d. pruritic.
 - e. all of the above.

7. Chronic ulcerative stomatitis:
 - a. treatment responds well to steroids.
 - b. may possibly be a severe variant of lichen planus.
 - c. is easily differentiated from oral lichen planus.
 - d. has very specific and identifiable histologic characteristics.

POST-TEST (CONT'D)

V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment

- 8. Benign mucous membrane pemphigoid:
 - a. occurs on the skin.
 - b. is primarily vesicles and bullae.
 - c. is found more in men than in women.
 - d. does not have blood-filled vesicles.

- 9. Benign mucous membrane pemphigoid:
 - a. primary treatment is dapsone.
 - b. primary treatment is doxycycline 50-200 mg per day with or without topical and systemic steroids.
 - c. primary treatment is nicotinamide.
 - d. primary treatment is tetracycline.

- 10. Aphthous stomatitis can be caused by:
 - a. trauma.
 - b. stress.
 - c. allergy.
 - d. all of the above.

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