



Dr. Sumit Goel Associate Professor Department of Oral Medicine and Radiology



# MEDICAL MANAGEMENT OF COMMON ORAL LESIONS





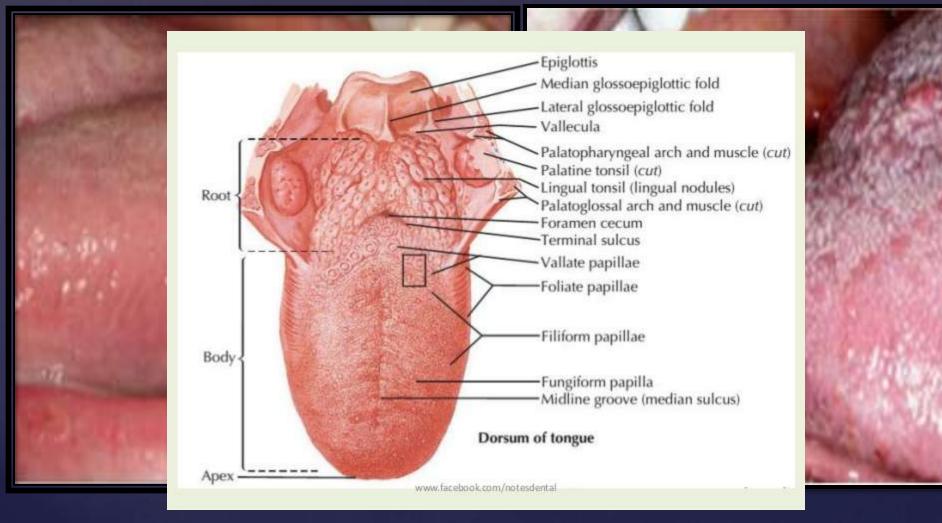


## LESIONS WHICH DO NOT REQUIRE TREATMENT

### LESIONS WHICH REQUIRE MINIMAL OR SIMILAR TREATMENT

# LESIONS WITH SPECIFIC TREATMENT NEEDS









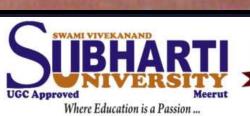


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# Cetirizine Hydrochloride 10 mg Film-coated Tablets

Oral Use







15 g Choline Salicylate, Benzalkonium Chloride & Lignocaine Hydrochloride Liquid DENTOGEL LIQUID डेन्टोजेल लिक्विड









NDC 52682-500-01 **Cevimeline Hydrochloride Capsules 30 mg** 

Corresponds to 400 sprays of Aquoral

U.S. Patent: 8,367,650 Net contents:

40 ml (1.4 fi. oz.)

artificial saliva

Rx Only

NHRIC 0178-0420-40

aguoral

**PROTECTIVE ORAL SPRAY** 

**Prescription Medical Device** 

NHRIC 0178-0420-40



PROTECTIVE ORAL SPRAY Rx Only Prescription Medical Device

U.S. Patent: 8,367,650 Net contents: 40 ml (1.4 fl. oz.)

PHARMACIST: PLEASE DISPENSE WITH ATTACHED















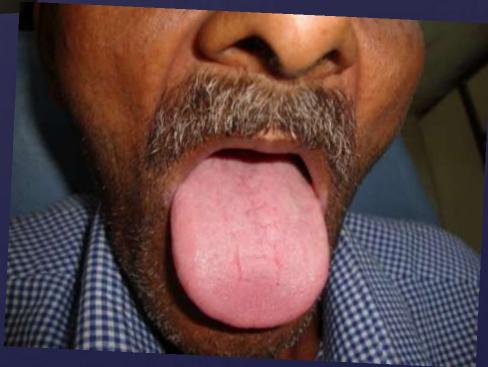
clinicalpharmacology.com





# Before treatment









## Before treatment



After treatment





### Before treatment

































Before treatment



After treatment



#### After treatment



#### Before treatment

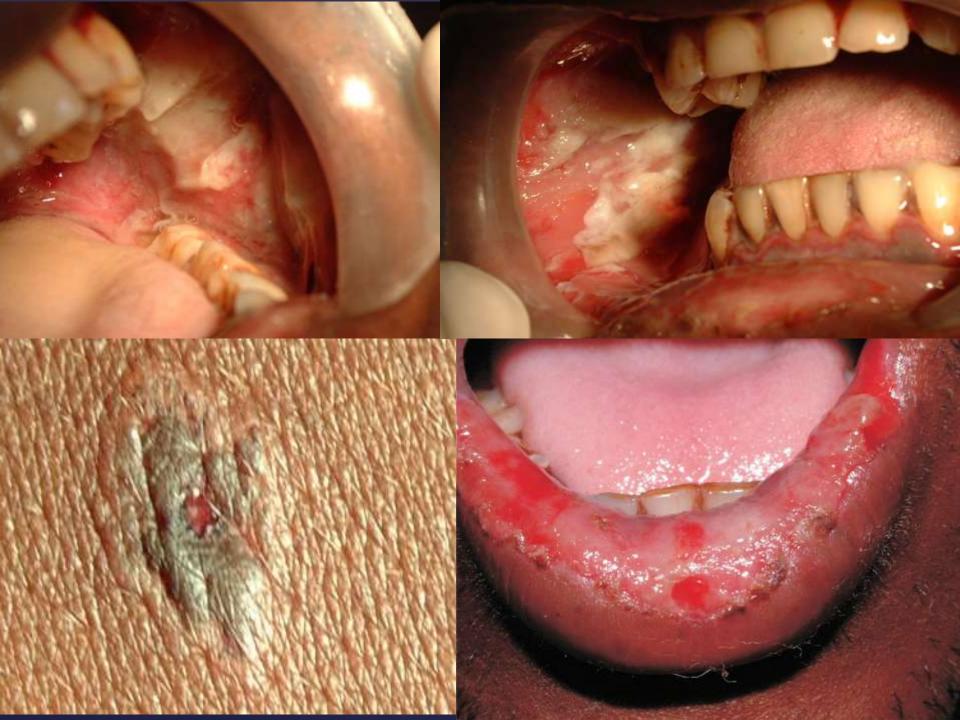














	Each gram contains: 0.5 mg clobetasol propionate in an ointment base of propylene glycol, sorbitan sesquioleate and white petrolatum. Usual dosage: A thin layer of clobetasol propionate ointment should be applied with gentle rubbing to the affected skin areas twice daily, once in the morning and once at night. See package insert for full prescribing information. Store at 20°-25°C (68°-77°F)[see USP Controlled Room Temperature]. Do not refrigerate. For lot number and expiry date see flap of carton and/or crimp of tube.	B86,0 Irv 1 67 8 8 16 6 7 8 8 16
	Clobetasol Propionate Ointment USP, 0.05%	o text



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Tramcipolone Oromucosal Pasto BP 0.1% w/w





doi: 10.4103/0019-5154.182428

# Pulse Therapy in Pemphigus: Ready Reckoner

Anil Abraham, Gillian Roga, and Anupa Mary Job

Author information 
Article notes 
Copyright and License information 
Disclaimer

# Abstract

Pulse therapy for the treatment of pemphigus has been in vogue for several years and is administered by many dermatologists across the world. However, even though there is enough evidence about its efficacy and methodology, there continue to be doubts and questions regarding the rationale of use of high dose intravenous steroids and steroid-sparing immunosuppressants. This article has aimed to provide clarity to young dermatology residents on the administration of pulse therapy, and the various controversies and modifications that have been mentioned in literature over the past couple of years.

**Keywords:** *Modifications of pulse therapy in pemphigus, pemphigus, pulse therapy* 

# What was known?

- The efficacy and methodology of administration of pulse therapy
- The modifications of pulse therapy and dexamethasone. cyclophosphamide pulse therapy.

# Introduction

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The treatment of pemphigus has been a long-standing burning issue in India particularly as it happens to be severer and occurs at a younger age as compared to the Western population. Earlier, pemphigus was commonly treated with prednisolone, which resulted in severe side effects of steroids. However, Pasricha and Gupta[1] introduced the dexamethasone-cyclophosphamide pulse (DCP) therapy in 1984,[1,2] and thereafter, plenty of literature on the management of pemphigus in India is based on this method. Even Western literature on the use of DCP showed studies conducted in UK, South Africa, and Serbia, which



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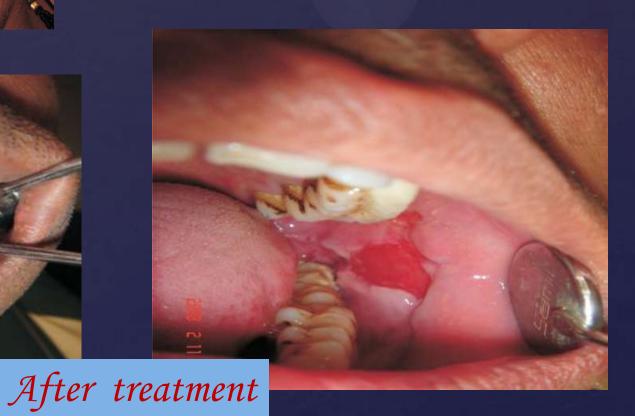
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Before treatment











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Clin J Gastroenterol. 2009 Jun;2(3):149-155. doi: 10.1007/s12328-009-0089-5. Epub 2009 Jun 2.

# Thalidomide: an emerging drug in oral mucosal lesions.

<u>Mubeen K<sup>1</sup>, Siddiq MA<sup>2</sup>, Jigna VR<sup>3,4</sup>.</u>

Author information

# Abstract

Thalidomide has reemerged as a potential drug with new found uses despite its history of having caused devastating congenital birth defects. The drug has become the subject of major interest because of its clinical value in certain clearly defined disorders. Interest in thalidomide was initially rekindled in the mid-1960s by its remarkable effect in lessening the complication of leprosy called erythema nodosum leprosum. Several studies thereafter have demonstrated the use of thalidomide as a wonder drug. However, it was only in July 1998 that the US Food and Drug Administration granted approval for the use of thalidomide under strict patient guidelines. Its apparent immunomodulatory and antiinflammatory properties led to widespread application in clinical practice. Thalidomide has gained respectability as a promising new drug in oral mucosal lesions. Studies have suggested that thalidomide is effective in severe aphthous stomatitis, Behçet's syndrome, certain oral manifestations of human immunodeficiency virus (HIV) infection, erosive lichen planus, and possibly malignancies.

KEYWORDS: Anti-inflammatory; Immunomodulatory; Reemerged; Strict patient guidelines; Thalidomide; Wonder drug

## Publed.gov US National Library of Medicine National Institutes of Health

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## Format: Abstract -

Arch Dermatol. 2007 Apr;143(4):463-70.

# A randomized, double-blind, placeb recurrent aphthous sto

Thornhill MH<sup>1</sup>, Baccaglini L, Theaker

Author information

Erratum in Arch Dermatol. 2007 Jun;143(6):710

### Abstract

**OBJECTIVE:** To evaluate pentoxifyl

DESIGN: A 60-day, randomized, dou

SETTING: An oral medicine specialis

**PARTICIPANTS:** Forty-nine volunteer their eligibility for the trial phase of the remaining 26 subjects were randomize follow-up.

**INTERVENTION:** Pentoxifylline (also ca



MAIN OUTCOME MEASURE: A reduction on the median pain score, ulcer size, number of ulcers, or total number of ulcer episodes.

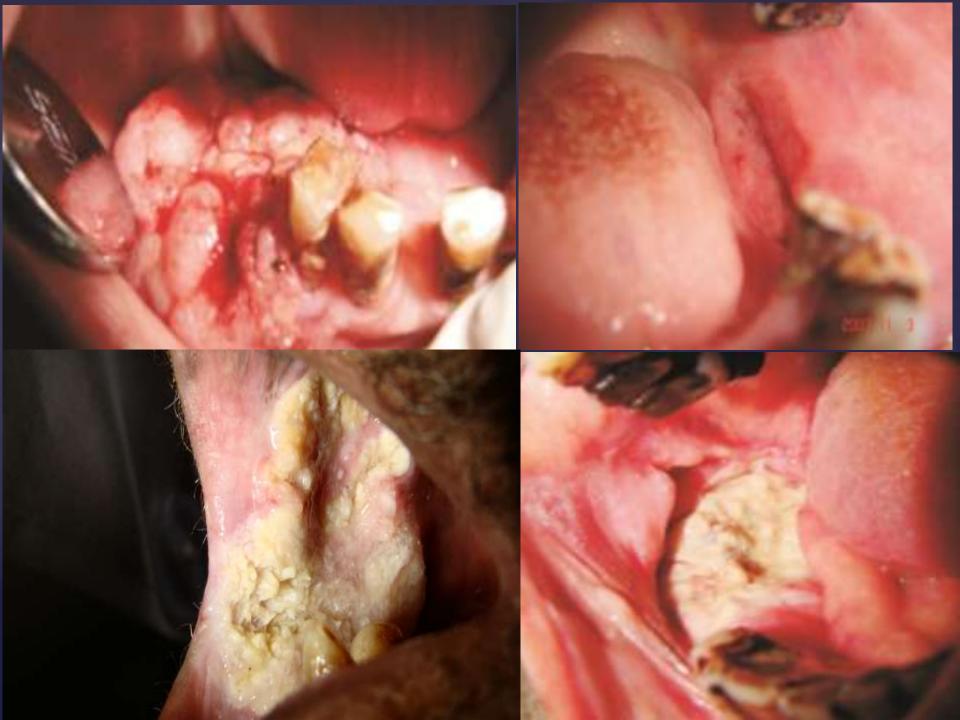
**RESULTS:** Patients taking pentoxifylline had less pain and reported smaller and fewer ulcers compared with baseline. Patients taking placebo reported no improvement in these variables. Patients taking pentoxifylline also reported more ulcer-free days than those taking placebo. However, the differences were small and, with the exception of median ulcer size (P = .05), did not reach statistical significance. Adverse effects were common with pentoxifylline, but not significantly different from those experienced by patients taking placebo.

**CONCLUSIONS:** Although pentoxifylline may have some benefit in the treatment of recurrent aphthous stomatitis, the benefit is limited. It may have a role in the treatment of patients unresponsive to other treatments, but cannot yet be recommended as a first-line treatment.

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15 Table

PREDNISOLONE

DISPERSIBLE TABLETS

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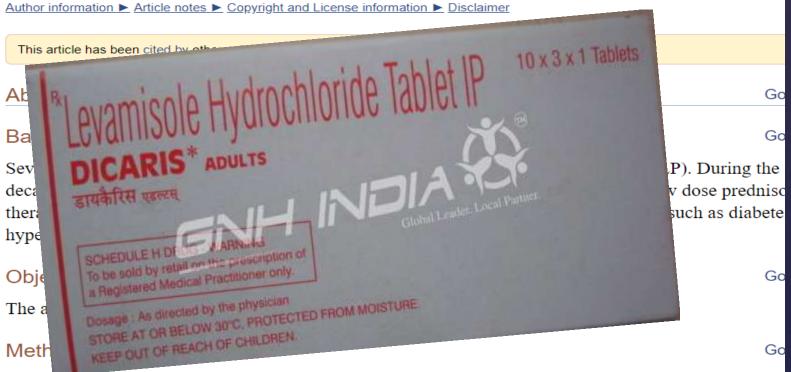






# Levamisole Monotherapy for Oral Lichen Planus

Tai Hyok Won, M.D., Se Young Park, M.D., Bo Suk Kim, M.D., Phil Seung Seo, M.D., and Seok Don Park, M.D., F



Eleven patients who had OLP were treated with levamisole between 2005 and 2007. The levamisole v administered at a dose 50 mg thrice daily for three consecutive days, but then it was not administered the following four days.

# Results

After 2 weeks of treatment, 8 patients reported a partial response, 3 patients reported no response and patients reported clearance of lesion. After 4 weeks of treatment, 6 patients reported a partial response patients reported no response and 2 patients reported clearance of lesion. Furthermore, after 3 months

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After treatment



# Before treatment



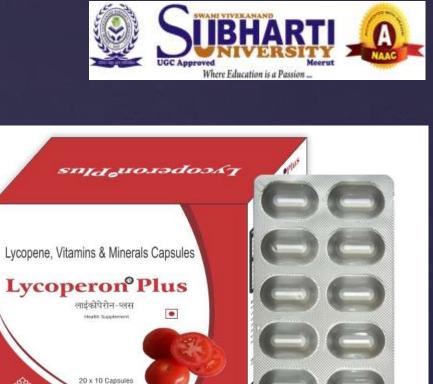














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Cancer. 1998 Aug 15;83(4):629-	-34.			UGC Approved Meerut Where Education is a Passion	NAAC
Topical bleomycin	for the treatm	ent of dysp	lastic oral leukoplak	ia.	

Epstein JB<sup>1</sup>, Gorsky M, Wong FL, Millner A.

Author information

## Abstract

**BACKGROUND:** Because malignant transformation of dysplastic oral leukoplakia has been reported in up to 43% of cases, these lesions must be managed.

**METHODS:** This study evaluated the use of topical 1% bleomycin in dimethylsulfoxide for the treatment of dysplastic oral lesions. Bleomycin was applied once daily for 14 consecutive days to lesions of the oral mucosa in 19 patients. Immediate posttreatment biopsies and the clinic response were evaluated and clinical follow-up was conducted for as long as possible.

**RESULTS:** The mean age of the patients at diagnosis was 59.4 years and 74% were tobacco users. Seventy-five percent of patients had resolution of dysplasia at follow-up biopsy, with a mean improvement of two histologic grades of dysplasia after topical chemotherapy. Ninety four percent of the patients attained at least partial responses. After a mean follow-up period of 3.4 years, 31.6% of patients had no clinically visible lesions and 47.4% of patients had clinically benign lesions of homogeneous leukoplakia or minimal visible leukoplakia. In 2 patients (11%) malignant transformation occurred a mean of 1.75 years after bleomycin treatment.

**CONCLUSIONS:** Topical bleomycin may prevent the potential progression of leukoplakia through dysplasia to carcinoma. Close follow-up of all patients with dysplasia is required.

PMID: 9708924 [Indexed for MEDLINE]

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<u>J Maxillofac Oral Surg</u>. 2015 Mar; 14(1): 81–89. Published online 2013 Sep 13. doi: <u>10.1007/s12663-013-0580-x</u> PMCID: PMC4339328 PMID: <u>25729231</u>

# Pentoxifylline in Patients with Oral Submucous Fibrosis—A Randomized Clinical Trial

Namdeo Prabhu, Sanjay S. Rao, S. M. Kotrashetti, Shridhar D. Baliga, Seema R. Hallikerimath, Punnya V. Angadi, and Rakhi Issrani<sup>M</sup>

Author information 
Article notes 
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Abstract

Go to: 🗹

Go to: 🕅

# Background and Aim

As far as research regarding any disease is concerned, each and every aspect poses a challenge. One such entity that poses a challenge in our arena is oral submucous fibrosis (OSF) as no effective treatment is available for this progressively disabling condition with high malignant potential. Hence the present study was undertaken with the aim to determine the use of pentoxifylline (PTX) on the clinical and histopathologic course of OSF.

# MIND BODY MEDICINE

#### INTRODUCTION

Complementory and alternative medicine (CAM) is defined as a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine.

Mind and body practices focus on the interactions among the brain, mind, body, and behavior, with the intent to use the mind to affect physical functioning and promote health.

The "placebo effect" (in which a neutral substance is found to effectively cure an ailment of disease) demonstrates the body's capacity to heal itself.

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DENTAL APPLICATION

#### CLASSIFICATION

NCCAM classifies alternative medicine into 5 categories: Complete Systems and Practices Acupuncture Ayurveda Homeopathic medicine Naturopathic medicine Mind Body Interactions Bioteed back Homor, therapy Medication Music therapy Yags Biologically Based Therapies like Herbs Dict, Nutrition and lifestyle changes Manipulative and Body Based Marthods Acupressure Chiroptactic Massage Roflowdicgy Enorgy Universitie Roflowdicgy Enorgy Universities Roflowdicgy Enorgy Universities

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# AND THE THERAPEUTIC SEARCH CONTINUES.....

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