

Food Allergy Testing St. John's

Food Allergy Testing St. John's - Canker sores are officially known as aphthous ulcers. They are an irritated form of mouth ulcer that presents as a painful open sore usually inside of the mouth and at times on the upper throat. Canker sores are characterized by a break in the mucus membrane. The word aphtha translates to ulcer and it has been used for a lot of years to define areas of ulceration on mucus membranes. Recurring aphthous stomatitis or also referred to as RAS can be distinguished from similar appearing oral lesions consisting of herpes simplex or some oral bacteria, because of their multiplicity and their chronic nature.

The actual reason is unknown, though canker sores are not infectious. Some individuals will develop canker sores after consuming an abundance of acidic fruit. The condition is known as aphthous stomatitis or Sutton's Disease in the case of major recurring or multiple ulcers. At least ten percent of the population suffers from recurring canker sores. It is amongst the most common oral conditions and it seems to affect women more often than men. About 30 to 40% of people who have persisting apthae report a family history.

Canker sores are clinically classified according to the diameter of the lesion. Minor aphthous ulcers or minor ulcerations means lesions the size of 3 to 10mm. The appearance of the lesion is an erythematous halo with a greyish or yellowish color. Throughout this time, the ulcer would be very painful and the affected lip part can swell. This could last up to a couple of weeks. Major ulcerations have the same appearance but are bigger than 10mm in diameter. Because of how painful they are and their size, they can take longer than a month to heal and normally leave a scar. Generally these lesions take place on movable non-keratinizing oral surfaces but the ulcer border can also extend onto keratinized surfaces. Usually, these canker sores develop after teenage years with frequent recurrences.

Herpetiform Ulcerations

The herpetiform ulcerations are the most severe type. The onset of these lesions is commonly during adulthood and happens more frequently in females. These kinds of canker sores typically heal in less than a month and usually have no scarring. It is often suggested to utilize some supportive treatments.

Signs and Symptoms

The aphthous ulcer is characterized as a large aphthous ulcer on the lower lip. These ulcers typically start with a tingling or burning sensation. In a few days, they often progress to a bump or a red spot which is followed by an open ulcer. This ulcer appears as a white or yellow oval that has an swollen red border. At times there is a white halo or circle surrounding the lesion that can be seen. These white or grey or yellow colored parts inside the red boundary is formed by layers of fibrin that is a protein involved in the clotting of blood.

These ulcers are very painful. If they become agitated, they could be accompanied by a painful swelling of the lymph nodes just under the jaw. This pain can be mistaken for a toothache and one more sign is a fever. Sores taking place on the gums can be accompanied by discomfort or pain in the teeth.

Causes

There are several contributing factors to aphthous ulcers even though the exact reason is unknown. Various reasons comprise sudden weight loss, stress, citrus fruits such as oranges and lemons, food allergies, lack of sleep, some vitamin deficiencies like for example folic acid, iron and B12 can likewise contribute. Physical trauma and immune system reactions could likewise bring them on. Several types of chemotherapy and Nicorandil are also linked to aphthous ulcers. Various studies have shown a strong association of canker sores and cow's milk. These lesions are normally found in people who suffer from Crohn's disease and are also a major manifestation of Behçet disease.

Mouth trauma has shown to be the most common trigger. Laceration with abrasive foods like potato chips or toast as well as toothbrush abrasions has been some known precursors. Dental braces or accidental biting can also break the mucous membrane which can develop into aphthous ulcers. Different factors like for instance thermal injury or chemical irritants can likewise lead to the development of ulcers. Various individuals have likewise benefited from diets free of gluten.

Oral measures

When wearing braces, applying wax on top of the dental bracket may help avoid physical trauma to the mouth. These refer to traumas which happen on the oral mucosa with the wax being able to reduce the abrasion and friction. For various individuals, changing toothpaste has proven beneficial. Looking for a more naturally based brand that is free from sodium lauryl sulphate or sodium dodecyl sulphate could be useful. This particular detergent is found in nearly all of toothpastes and using a paste which does not contain this particular component has been shown in some research to help reduce the amount, recurrence and size of ulcers.

In people with recurrent aphthous ulcers, a deficiency in zinc has also been reported. Even if these studies have showed no direct therapeutic effect, the supplementation has reported positive outcome for people who have deficiency.

Treatment

For aphthous ulcers, there are a variety of treatments offered comprising aesthetic agents, analgesics, anti-inflammatory agents, antiseptics, tetracycline suspension and silver nitrate. One more item found useful has been Amlexanox paste which has been known to alleviate pain and speed healing.

Other supplements that have been found useful comprise Vitamin B12. The dietary supplement L-lysine has been found effective in treating herpes type lesions and cold sores but there has been no evidence of this being beneficial for canker sores. It could be useful to rinse the mouth with salt water and avoiding spicy food.