



Awareness of Mouth Ulcers among Indian Population: A Survey

P. Keshav Krishnaa*, ¹V. Vishnu Priya, R.Gayathri

*First year BDS student, ¹Associate Professor, Department of Biochemistry, ²Assistant Professor, Saveetha Dental College, Saveetha University, Chennai, Tamil Nadu, India.

*Corresponding author's E-mail: keshav.krishnaa.98@gmail.com

Received: 16-02-2017; Revised: 14-07-2017; Accepted: 05-08-2017.

ABSTRACT

The aim of the study to estimate the Indian population aged 17-30 who have been affected by mouth ulcers and to detect the possible causes of mouth ulcer. To also have an estimate on number of people who are aware of the treatment for the same. An ulcer is a break in the skin or mucous membrane with loss of surface tissue and the disintegration and necrosis of epithelial tissue. In most cases, mouth ulcers are harmless and resolve by themselves in a few days without the need for medical treatment. Aphthous ulcers are recurring ulcers with no known cause that affect around 20 per cent of the population. Mouth ulcers can be formed due to a wide range of causes or habits. Mouth ulcers are the most common problems to be encountered with in India. However the knowledge on the same is not known to everyone.

Keywords: Mouth ulcer, awareness, survey, Indian population.

INTRODUCTION

A Mouth ulcer is an ulcer that occurs on the mucous membrane of the oral cavity.¹ Mouth ulcers are very common, occurring in association with many diseases and by many different mechanisms, but usually there is no serious underlying cause. An ulcer (*/ˈʌlsər/*; from Latin *ulcus*, "ulcer, sore")² is a break in the skin or mucous membrane with loss of surface tissue and the disintegration and necrosis of epithelial tissue.³ A mucosal ulcer is an ulcer which specifically occurs on a mucous membrane. An ulcer is a tissue defect which has penetrated the epithelial-connective tissue border, with its base at a deep level in the submucosa, or even within muscle or periosteum.⁴ An ulcer is a deeper breach of the epithelium than an erosion or an excoriation, and involves damage to both epithelium and lamina propria.⁵ The exact pathogenesis is dependent upon the cause.

Ulcers and erosions can be the result of a spectrum of conditions including those causing auto-immune epithelial damage, damage because of an immune defect (e.g. HIV, leukemia, infections e.g. herpes viruses) or nutritional disorders (e.g. vitamin deficiencies). Simple mechanisms which predispose the mouth to trauma and ulceration are xerostomia (dry mouth – as saliva usually lubricates the mucous membrane and controls bacterial levels) and epithelial atrophy (thinning, e.g. after radiotherapy), making the lining more fragile and easily breached.⁶ Stomatitis is a general term meaning inflammation within the mouth, and often may be associated with ulceration.⁷

Diagnosis of mouth ulcers usually consists of a medical history followed by an oral examination as well as examination of any other involved area. The following details may be pertinent: The duration that the lesion has

been present, the location, the number of ulcers, the size, and the color and whether it is hard to touch, bleeds or has a rolled edge. As a general rule, a mouth ulcer that does not heal within 2 or 3 weeks should be examined by a health care professional who is able to rule out oral cancer (e.g. a dentist, oral physician, oral surgeon, or maxillofacial surgeon).^{1, 8} If there have been previous ulcers which have healed, then this again makes cancer unlikely. Treatment is cause-related, but also symptomatic if the underlying cause is unknown or not correctable. It is also important to note that most ulcers will heal completely without any intervention. Treatment can range from simply smoothing or removing a local cause of trauma, to addressing underlying factors such as dry mouth or substituting a problem medication. Maintaining good oral hygiene and use of an antiseptic mouthwash or spray (e.g. chlorhexidine) can prevent secondary infection and therefore hasten healing. A topical analgesic (e.g. benzydamine mouthwash) may reduce pain. Topical (gels, creams or inhalers) or systemic steroids may be used to reduce inflammation. An antifungal drug may be used to prevent oral candidiasis developing in those who use prolonged steroids.⁵ People with mouth ulcers may prefer to avoid hot or spicy foods, which can increase the pain.¹ Self-inflicted ulceration can be difficult to manage, and psychiatric input may be required in some people.⁹ Oral ulceration is a common reason for people to seek medical or dental advice.⁹ A breach of the oral mucosa probably affects most people at various times during life. The aim of the study was to survey the knowledge of people about mouth ulcers.



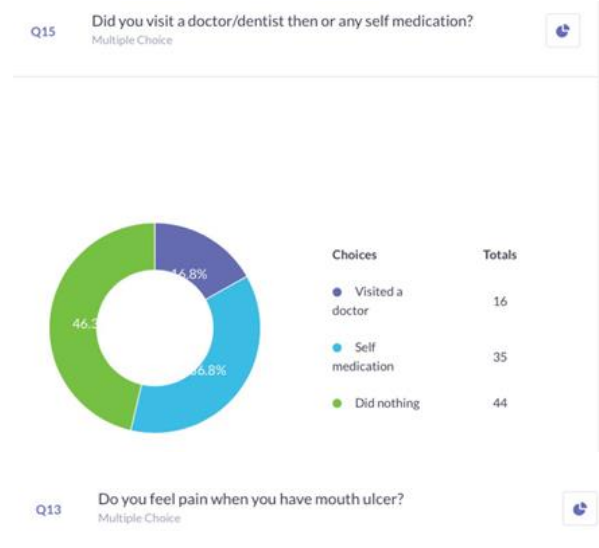
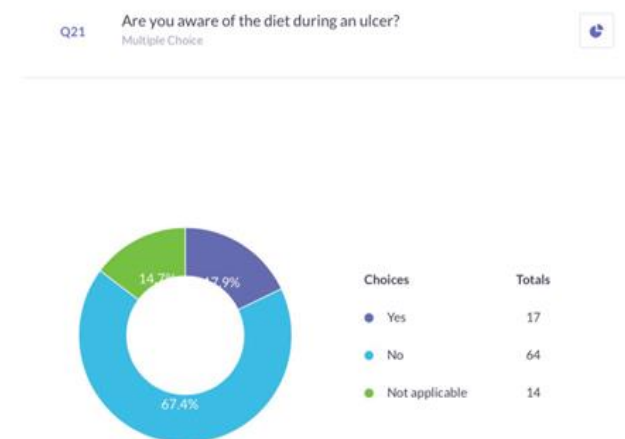
MATERIALS AND METHODS

The study was carried forward by conducting a survey about mouth ulcers. The study was conducted among the people of the Indian population. The basic aim of the survey was to assess the knowledge of the population about mouth ulcers. The questions were electronically administered through an online survey site known as survey planet. The questions that were included as part of the study ranged from whether they had ulcer to the different causes that they think would have caused the ulcer for them. The questions also had questions related to the time at which they got the mouth ulcer as well. A total of 110 people took part in the survey, the results were obtained and were verified and analysed.

RESULTS AND DISCUSSION

From the people who were included in the study, 47.3% had already got Mouth ulcers. Out of which 90.3% of the candidates had got ulcers for the first time between the age of 10-14 years. Out of the people who answered positive for whether they got mouth ulcer, 67.3% correlated their mouth ulcer to their work pressure. On the other hand 61% of the entire study population thought that aerated drinks and mouth ulcers have no correlation. 81.8% of the entire population thought that consumption of mints and ulcers don't have a correlation at all. It was quite obvious that people felt uncomfortable during the period of their mouth ulcer as 67.4% of the people admitted that they felt pain during the period in which they had the ulcer. With all the above question people were also enquirer if they visited a doctor or did anything to relieve the pain. Only 16.8% of the population visited a doctor, 36.8% went on with self medication whereas 46.3% did nothing to relive the pain and just waited for the pain to subside. A Majority of the population admitted that the ulcer recurred after that but they did not do anything even the second time. When people were questioned about their diet during an ulcer, 67.4% admitted that they had no idea about the same.

Charts



Several studies reveal negative association between cigarette smoking, smokeless tobacco and RAS. Possible explanations given include increased mucosal keratinization; which serves as a mechanical and protective barrier against trauma and microbes.¹⁰⁻¹² A more recent study shows lack of direct correlation between levels of stress and severity of RAS (Recurrent Aphthous Stomatitis) episodes and suggests that psychological stress may act as a triggering or modifying factor rather than etiological factor in susceptible patients for ulcers.¹³

Several micro organisms have been implicated in the pathogenesis of RAS. RAS is another name for recurrent mouth ulcers. Several contrary findings have been reported in the various studies. RAS and oral streptococci Oral streptococci have been considered as microbial agents in the pathogenesis of RAS

CONCLUSION

Thus as a conclusion from the study it is clear that although people know what an ulcer is and how it feels, the awareness about the treatment and prevention for the same is not well known among the Indian population and hence more knowledge is required in that area. This would improve the health status of the society in general

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Source of Support: Nil, **Conflict of Interest:** None.

