

Gingivitis and Periodontal Disease

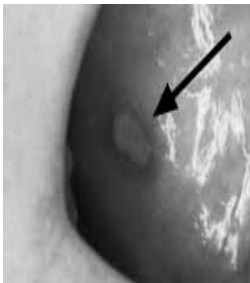
- Gingiva is normally light pink
- Surface has stippled appearance
- During eruption, gingiva is thick with rounded margins
- Severe gingivitis is uncommon in children
 - Trx: good home care, frequent check-ups, prophylaxis, Fltx

Herpes Simplex Virus

- occur in children 2 – 6 yrs
- Oral findings: yellow or white liquid filled vesicles, which rupture to form ulcers in a few days
- After initial attack, virus is inactive but reappears as cold sores. Sores appear on gingiva and attached mucous membranes
- Trx: palliative, sores heal in 7 – 10 days



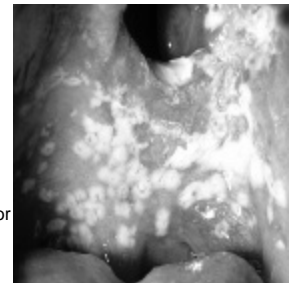
Recurrent Aphthous Ulcer



- Ulceration on mucous membrane
- Can occur in school-age children and in adults
- Lesions persist for 4 – 12 days
- Found more commonly on loose mucosa

Candidiasis

- Caused by *Candida albicans*
- Normal inhabitant, pathogenic state when resistance is lowered
- Can be a sign of compromised immune system (i.e. AIDS)
- Trx: Nystatin topically or ketoconazole systemically



Dilantin Gingivitis

- Occurs in children receiving Dilantin over a prolonged period of time
- Painless hyperplasia of gingiva
 - Hyperplasia is generalized
 - Trx: surgical removal most effective



Scarlet Fever

- Caused by Group A beta hemolytic streptococci
- After 5 day incubation period, patient develops pharyngitis, tonsillitis, headache, fever, chills, nausea, and vomiting
- Within 2- 3 days, typical bright red skin rash develops
- Oral manifestation: "strawberry tongue" and then a "raspberry tongue"
- Disease ends in 7 – 10 days



Measles

- Caused by rubeola virus (paramyxovirus family)
- Portal of entry is respiratory tract
- Oral manifestations: 'koplik's spots"
 - develop on buccal mucosa and appear as small bluish white macules, surrounded by red margin
- Trx: palliative

Erythema Multiforme

- Oral manifestations: macules, papules, vesicles that become ulcerated and covered by exudate
- Trx: Corticosteroids and antibiotics