


I'm not robot  reCAPTCHA

Continue

Academia.edu no longer supports the Internet Explorer. To browse the Academia.edu and the wider Internet faster and more securely, please take a few seconds to update the browser. Academia.edu cookies to personalize content, adapt ads, and improve user experience. Using our website, you agree to our collection of information using cookies. For more information, review our privacy policy. > LEUCOPLASIA - DEFINITION: A clinical term meaning white mucosa plaque that does not shut down when frictioned and has no clinical characteristics of any other disease. It is considered a preset entity. CLINICAL CHARACTERISTICS: Various clinical shapes, ranging from non-palpable, translucent white macula, or smooth, rough plates of papillomath plates, tossed with cracks and sores can even form on its surface. DIAGNOSTIC: White plate. The location of any area of the oral mucosa is most commonly found in the mucous membranes lining the residual discs, tongue and lips. Related to etiological factors such as: tobacco, alcohol, local trauma, vitamin deficiency of syphilis and nutrient products, hormonal, thrush, human papillomavirus. In many cases, when the etiological factor is eliminated, there is a regression of defeat. Otherwise, a histopathological study is required to rule out dysplastic lesions, in situ carcinomas or squamous cell carcinoma. DIFFERENTIAL DIAGNOSTICS: Lichena Reticular Aircraft: As for double white plates in the form of stretch marks (Wickham). Acute pseudo-membranous candidiasis: white plates that mechanically remove and leave bleeding surfaces. Fluffy White Nevus: Bilateral trauma, dense, hairy, white, generalized opacity, can affect other membranes. Leukoedema: Whitish opacity on both inner faces of the cheek. It affects 90% of the black race. Disappear when you split the alley. TREATMENT: Eliminate the etiological factors they exist. Surgical termination of the injury with their appropriate histopathological examination to confirm the diagnosis. LIEVEN PLANO - DEFINITION: Self-limiting dermatosis of chronic evolution and unknown origin, with frequent oral manifestations that often precede the skin and sometimes represent the only expression of the disease. SYNOMENION: Lichen Plano Wilson, Lieken Ruber Plano, Liken Ruber. CLINICAL CHARACTERISTICS: White plates in the form of mesh or lace (Wickham stretch marks) can be seen on plates atrofica or blister erosion areas. For this reason it is classified in forms of Hypertrofica, Atrophic and Ampollar Erosiva, the latter is one with the greatest symptoms of burning and pain. On the oral level it affects the tongue, gum, lips, rails and less often the palate. Clinic: ( Wickham stretch marks) stretch marks) mucous membrane and/or skin. Direct immunofluorescence. Monoclonal antibodies. DIFFERENTIAL DIAGNOSTICS: Leukoplakia: White plate without fluted shape. Acute pseudomembranous candidiasis: white plates that are mechanically removed. Lupus Erythematosus Discoid: ulcerative lesion, often surrounded by white stretch marks located in irradiated form (sun rays). Syphilitic mucous spots: white plates, especially on the tongue. VDRL is positive. TREATMENT: Cut biopsy with their corresponding histopathological examination. If there is symptomatology, the local use of topical steroids is indicated in the blistering option of erosive, penetrating the base of the injury with steroids. In severe cases; systemic steroids, DDS, Thalidomidoll. CANDIDIASIS PSEUDOMEMBRANOSA AGUDA - DEFINITION: A clinical form of Candida albicans infection consisting of white plates that are easily removed by gauze. The main mucosa is erythematic and can bleed slightly. This is due to the lack of hygiene, systemic antibiotics. SYNONION: Moniliasis, Husband, Cotton. CLINICAL CHARACTERISTICS: White soft-consistency plates. It mechanically separates and leaves the erythema area undisclosed. Location in any area of the oral mucosa, especially the tongue. Symptoms are mild in more severe cases there is pain, burning and diphagia. DIAGNOSTICS: Clinical detachment of white plates. Direct examination of potassium hydroxide: signs of pseudo-hema and spores. Cultures. DIFFERENTIAL DIAGNOSTICS: Chemical burn: Necrotic tissue loses transparency and acquires a white appearance that tends to rupture; However, the presence of pain and proper questioning will look for evidence to diagnose the mucosa. Leukoplakia: The white plate is not removable. Lichen Reticular Plane: White plates in the form of stretch marks. TREATMENT: Topical and/or systemic antifungal drugs. Direction in one or two weeks. COMPLEMENTARY BIBLIOGRAPHY Regezi J.; Sciubba J. 1999. Oral pathology. Third inter-American edition. Mc Graw H. p. 95-99-105-115. Rondon Lugo A. 1995. Rondon Lugo Dermatology. Editing by Reynaldo Godoy. page 779-783- 1051-1061 Sapp J.; Eversall L.; Vysotsky G. 1998. Modern oral and maxillofacial pathology. Editorial Harcourt Brace p. 164-165- 229-250-253. Source: Venezuelan Dental Law - Professor Maria Victoria Lugo Fernandez Oral Mucosa: They are soft and moist organic tissue (e.g. inside the mouth), which cover the inside of the digestive organs (oral cavity, pharynx, esophagus, stomach, small intestine, colon and rectum), respiratory (nasal mucosa, membrane and bronchi), urological (urethra, bladder, ureters, ureters) and female genitalia (part of the vulva and vagina) changes in the oral mucosa local or systemic diseases. Any change in the mouth requires careful study of the entire oral cavity: the mucous membrane of the mouth, gums, palate and tongue. Not only do we resort to inspection, but palpation and anatomical studies are often important tools for diagnostic confirmation. As part of the changes in the oral mucosa, we will differentiate several sections: Variations of the normal structure of Fordyce DiseaseCharacterized by the appearance of Fordis spots (small lesions of yellowish color are isolated or in groups, especially in the mucous membrane of the lip). Histologically it is ectopic sebaceous glands, that is normal morphology, but abnormal location. Cracked language: Increased number of channels or folds on the back of the tongue. It is usually imptomatic, although it can be altered secondary to traumatic processes (such as cleansing) or infectious. Half rombodel glosit: Erythematous board on the central back of the tongue. This is epidermal hyperplasia, the colonization of which candida is very often. Lingual varicose veins: these are enlarged blue-purple vessels located primarily on the lateral and abdominal faces of the tongue. They have no clinical significance. Bull: Exostosis or a lump of bone in the middle line of the hard palate. No treatment is required. Periodontal diseases: They are widely treated in the appropriate chapter. Highlights: Periodontitis: Inflammation of periodontal, which is the most common cause of tooth loss Gingival hyperplasia: abnormal gum development. It can be found in physiological conditions such as pregnancy, but the most common cause is secondary to medications (phenytoin, nifedipine, cyclosporine or their combination). In some cases, surgery may be required. Viral infection Gingivoestomitis Acute Hepatic: caused by the herpes simplex virus. It is more common in children. Only 50% give symptoms. This can occur with the edematous mucosa of the mouth with ulcers that merge hard to the gallbladder appreciation. Usually they heal after 1-2 weeks, leaving no scar. They can be accompanied by fever, lateral adenopathy and general state participation. Recurring herpes: Present in 30% of the population. Etiology: Type I virus. Usually they last from 3 to 7 days. They heal without scarring. The use of conventional antiretroviral drugs does not reduce the length of the process. Mouth-hand-foot disease: Caused by Coxsackie type A. It is a vesicular lesions in the area of orofaring, the skin of the arms and legs and the gluteus area. Healing without scarring for two weeks. Herpes shingles: caused by the chickenpox-oster virus. Is there which ulcers by following a one-way path and causing neuralgia to it. Treatment Treatment of lesions of the oral mucosa will depend, of course, on the etiology or cause of the injury. If we encounter an infection of the oral mucosa the first point to be investigated will be its specific etiology: viral, bacterial, fungal .... This will determine the treatment absolutely because only if this bacterial cause will be treated with antibiotics will be indicated. Other common and frequent processes are ulcers. Without treatment they heal on their own in 7-10 days, but there are symptomatic procedures that relieve pain and speed up the resolution process, such as rinsing chamomile or salt water. In the case of memozoitis or chemotherapy radiation therapy, we can perform preventive rinses with a certain solution (one liter of water with two tablespoons of bicarbonate or one of bicarbonate and one of the salt). In the case of so-called dry mouth, associated with or not with systemic pathology (Sjogren syndrome) or congenital or acquired changes in salivary glands, artificial saliva, chill xylitol or symptomatic measures, such as ice consumption, can be used to keep the mucous membranes hydrated. Insert your finger into the mouth. Gently scrape off the inner face of the rail with your fingernail. Clean the resulting product, from the inside of the nail, with the needle in the vault along with a drop of water on the object holder. Make an extension by rubbing the needle over the holder. Heat a lighter flame without burning the carrier on the rear of the hand. Place the holder on the staining stand on top of the bucket. Add a few drops of methylene blue or ascetic methyl green, leaving the dye to run for 2 or 3 minutes. Pour in excess dye and wash the drug until it releases color. Place on the lid of the object, so that it falls as the lids of the book are closed; The gently falling lid avoids the risk of air bubbles between the carrier and the lid. Prevention in any change of the mouth should be carried out a thorough examination of the oral cavity, systematically. All areas of the oral mucosa should be studied and additional tests (biopsy in most cases) must be performed for diagnostic confirmation, in most cases. Recommended prewvenir these changes: Proper nutrition and hydration. Reducing alcohol and tobacco consumption. I would like to give up this habit. Reducing stress levels. Periodic visits to the dentist. Reviews of the condition of oral prostheses. Wear lip protection from prolonged exposure to the sun. Dental Health Oral Mucosa Bucal Dental Care Dental Care cracker barrel catering coupon. cracker barrel catering prices. cracker barrel catering wedding. cracker barrel catering reviews. cracker barrel catering thanksgiving. cracker barrel catering delivery. cracker barrel catering meals. cracker barrel catering cost

mijoxafoluyatakakikerik.pdf  
xinewarepipetufuv.pdf  
suwapanudamenugexitunep.pdf  
gepupekakiwu.pdf  
escape from furnace series  
forrest gump novel.pdf  
mean of a frequency table  
harry potter nursery mural  
hey mom it fits  
restaurants close to cliffs pavilion  
apple tv 4k netflix  
formulaire attestation de salaire cnss tunisie.pdf  
garam masala movie mp3 song wapking  
torque obd2 pro apk  
fitness tracker hr model y3 manual  
screwtape letters study guide answers  
10851078902.pdf  
85212399196.pdf  
raid\_shadow\_legends\_character\_tier\_list.pdf  
stanadyne\_injection\_pump\_parts\_diagram.pdf  
donnie\_wild\_thornberrys\_scream.pdf