

« to be considered with the GMP. It is also essential to exclude diabetes by requesting an HbA1c test from the GMP.

5. Mucosal disorders.

- a. **Recurrent aphthous stomatitis (RAS):** For frequent sufferers, it is useful to request results of basic haematological tests (see above). If present, the underlying cause of any haematitic deficiency (most frequently iron) needs to be identified and corrected by the GMP. All patients with RAS should be given dietary advice on the avoidance of tomatoes and benzoate-based preservatives (E210–219), in particular carbonated soft drinks, since hypersensitivity to these foodstuffs may be involved.
- b. **Lichen planus:** The characteristic presentation of lichen planus involves a bilateral and symmetrical distribution of lacy white lines. An asymmetrical distribution or a physical contact with an amalgam restoration is likely to be a lichenoid reaction. If the lateral margin of the tongue is involved, it is essential to refer for a biopsy to exclude epithelial dysplasia or carcinoma.
- c. **Geographic tongue:** Patients with geographic tongue are often anxious that the mucosal changes represent an infection or malignancy. Reassurance that it is neither of these conditions is essential. Symptomatic geographic tongue will often respond to a zinc sulphate mouthwash (not in DPF). Liaise with GMP to prescribe effervescent zinc sulphate 125 mg dissolved in 10 ml and used as a mouthwash for two minutes three times daily. This preparation is also helpful in patients with a complaint of altered or metallic taste.
- d. **Candidosis:** The basic principle to the management of any form of oral candidosis, historically referred to as the 'disease of the diseased', is identification of the underlying predisposing factor which is promoting the opportunistic infection.⁵ A wide range of local and medical factors have to be investigated, some requiring the results of routine haematological tests from the GMP (see above). The agent of choice for the treatment of the majority of cases of oral candidosis is fluconazole (50 mg capsule once daily for seven days). Topical antifungals have limited benefit.
- e. **Red and white patches:** The vast majority of cases of leukoplakia will never undergo malignant transformation. However, a red patch (erythroplakia) or a red/white patch (erythroleukoplakia) are both associated with a high risk of cancer and as such should be referred, including a photograph, as urgent suspected cancer (USC) according to NICE guidelines. ■

References

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3. Lewis M. Mouth cancer – What's it to you? *Br Dent J* 2018; **225**: 789–790.
4. Lewis M A O, Lamey P-J. Orofacial pain. In *Oral medicine in primary dental care*. Switzerland: Springer Nature, 2019.
5. Lewis M, Williams D. Diagnosis and management of oral candidosis. *Br Dent J* 2017; **223**: 675–681.

Invitation to contribute

If you are a dental specialist, could you compile a list of your top tips in that dental specialty for *BDJ* readers? If yes, please contact News Editor Kate Quinlan, k.quinlan@nature.com.

How good is your oral medicine?



The British Dental Association (BDA) will be hosting a webinar on Thursday 20 January 2022 from 19:30–20:30 on 'How good is your oral medicine?', featuring Professor Mike Lewis as speaker.

This webinar will provide the participant with an understanding of how to diagnose and provide initial management of those orofacial conditions that present most frequently in dental primary care, and will include one hour of CPD.

The event is free for BDA members. To book your place please visit www.bda.org/ilearn.