Acute and chronic diseases of the oral cavity, pharynx and larynx with the exclusion of tumours

Pre-cancerous conditions on otolaryngology

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Inflamations of the mouth - stomatitis

CATHARRAL STOMATITIS

- Diffused or circumscribed
- Only superficial lesions
- Acute, subacute or chronic
- Cause – bacterial or viral infection, preceded by mechanical, chemical or thermic injury
- Symptoms – burning pain while eating, problems with swallowing, enlarged secretion of saliva.
- LE – erythema (redness) of the mucosa, small oedema, while acute turns into chronic – blue-red dry mucous membrane
Inflamations of the mouth - stomatitis

• Example – nicotinic stomatitis
• Treatment – elimination of irritating factors, disinfectants locally, vitamins B, C supplementation
Herpetic stomatitis

- Mostly in children until 6
- Cyst (bullas) or aphtous lesions (worse progress of the disease)
- Accompanied with general infections or exposure to the sun
- Etiology – herpes simplex virus type 1, rarely 2
- Symptoms – burning pain, malaise, fever, lymphadenopathy, enlarged salivation
- LE – bullas that rupture into ulcerations filled with white deposite and red border
- Healing -after 7-14 days without scars
Herpetic stomatitis

- Treatment – disinfectants locally, analgetics, antifebrile, aciclovir
Aphtous stomatitis – few types

APHTA – well bordered lesion, oval shape, with red border and with white or yellow cover consisted of fibrin

Type 1 - RECURRENT APHTOUS STOMATITIS
• Small aphtas
• Unknown etiology (autoimmunological? congenital? Hormonal?)
• Higher TNF
• Symptoms – burning pain, malaise, fever, lymphadenopathy, enlarged salivation, lesions recur in days, week, months, even years
Leukoplakia of the mouth

- Leukoplakia is a white lesion of the oral mucosa that cannot be characterized as any other definable lesion (WHO definition)
- Precancerous state
- Etiology: chronic irritation (dental prostheses, alcohol, smoking)
Aphtous stomatitis – few types

Type 2 – RECURRENT NECROTIZING STOMATITIS
- Big Sutton's aphtas – 1-3 cm
- Deep ulcerations lasting weeks or months
- Healing with scars

Type 3 – RECURRENT APHTOUS ECZEMA
- The smallest aphtas, similar like in herpetic stomatitis but with no bullas at the beginning
Aphtous stomatitis - treatment

- Locally: disinfectants, proper diet, analgetics, adhesives (Solcoseryl), antibiotics in bacterial infections of the aphtas, vitamins
Fungal infection of the mouth

- Candida albicans infection
- Opportunistic disease, so etiology: decreased immunity, antibiotic drugs, chemotherapy, steroids, radiotherapy, diabetes, HIV, bad hygiene of the mouth, dental caries
Fungal infection of the mouth – many types

- Acute candidiosis of infants – white patch on red inflammatory ground
- Pseudomembranous candidiosis – the most common, white easily to removed patches, but after removing red bloody damaged mucous occurs
Fungal infection of the mouth – many types

- Erythematous candidiosis – red lesions on the mucous membrane as the complication of antibiotics
- Chronic proliferative candidiosis – long-lasting fungal infection with proliferative response of the mucous membrane.
Fungal infection of the mouth – treatment

- Hygiene of the mouth
- Locally – disinfectants, nystatin, natamycin, amfotericin B, imidazoles (e.g. Ketokonazole)
- Systemic antifungal drugs per os (e.g. ketokonazole)
- Long treatment 7-14 days after disappearing lesions
Gingivitis

- Local etiology – dental infection
- Systemic etiology – avitaminosis, hormonal (usually hipertrophic), drugs (fenytoin, calcium antagonists), intoxication(gold, arsenic, bismuth, mercury), leukemia.
- Necro-ulcerative gingivitis, Plaut-Vincent's stomatitis – caused by treponemas, fusobacterium – deep lesions, ulcers, bad smell, salivation, lymphnodulopathy, fever
- Treatment – local and systemic antibiotics
The tongue diseases


- Abscess of the tongue – bacteria from broken teeth, LE – inflammatory tumour of the tongue, treatment – puncture under USG, oral or intravenous antibiotics.
Inflammations of the throat

- Mucous associated lymphoid tissue (MALT) is situated in the throat and called Waldeyer's ring, which consists of tonsils, adenoid, lingual tonsil, tubal tonsils, lymph nodules and lateral nodules situated on the posterior wall of the oropharynx.
- Acute or chronic
Acute pharyngitis

- Depending on localisation – pharyngitis, tonsillitis (angina), pharyngotonsillitis
- Etiology – at first viruses (adeno-, entero-, flu, EBV, rhino-, corona-), then bacterias (streptococci, staphylococci, moraxella, haemophilus
- Viral – red throat, pain, cough, can spread towards the larynx and trachea, general symptoms: head and muscle's pain, fever, lasts 3-7 days. Treatment – analgetics, disinfectants
- Bacterial – white coat on the tonsils, pus in crypts – local and systemic antibiotics
Bacterial angina

- Symptoms - Fever, chills, headache, pain of the throat,
- LE – enlarged tonsils, red or white cover, white cover of the tongue, lymphadenopathy
- Blood morphology, ASO (antistreptolisin antybodies), bacteriological examination
- Treatment – at first common antibiotics (penicillin, cephalosporins, macrolids)
Plaut-Vincent's angina

- Necro-ulcerative one-sided tonsillitis caused by Bacillus fusiformis, Spirochaeta denticolata.
- Risk factors - young, hypovitamin persons, bad hygiene of the mouth, dental caries
- Symptoms - dirty, grey cover on the tonsil, deep ulcerations, enlarged lymph nodes
- Differentiation – diphtheria (direct smear decides), agranulocytic angina or acute leukemia (blood smear decides), neo (biopsy decides).
Diphteria

- Angina caused by Corynebacterium diphteriae
- Throat and tonsils are covered by pseudomembrane, which removing causes bleeding (differentiation between typical streptococcal angina)
- Diagnosis: microbiological examination, fluorescent test available
- Treatment in the hospital of the infectious diseases: anatoxin, penicillins, macrolids
- Risk of hard complications: heart inflammation, cranial nerves palsies,
Chronic pharyngitis

- Types: simple, hypertrophic, atrophic.
- Etiology – irritating factors, hormonal, avitaminosis, diabetes, alergy, GERD,
- Symptoms – discomfort in the throat, itching, burning
- Traetment - local
Chronic tonsillitis and hypetrophia

- Result of many anginas
- Chronic inflammations in the tonsils and crypts
- Fibrosis of lymphoid tissue
- Enlargement of tonsils - children (not always older children and young adults)
- Treatment - tonsillectomy
Hypertrophy of the adenoid and chronic inflammation

- Children
- Symptoms – obstruction of the nose, rhinorhea, SOM, sleep-apnoe syndrome, snorring
- Treatment - adenotomy
Peritonsillar abscess or infiltration

- Complication of angina
- Symptoms – sore throat, painful, problems with swallowing, trismus (lockjaw), salivation
- Asymmetry of tonsillar arches
- Treatment – abscess – puncture and if the pus appears cutting the abscess, antibiotics
Foreign body of the throat

- Usually in the tonsils
- Fishbones, the twig of spices, chicken bones
- Removing under local anesthesia
Foreign body of the larynx

- Chicken bone
- A coin
Oedema of the larynx

- Reincke's oedema – due to nicotinism, treatment – surgical or laser removing
- Allergic oedema – treatment - tracheotomy, intubation, antiallergic drugs
- Vasomotor Quincke's oedema
Acute laryngitis

- At first viral, than bacterial, the same as in the throat
- Cough, hoarseness
- LE – red vocal cords, covered by the phlegm
- Treatment – inhalatory steroids, antibiotics, mucolytics,
Acute epiglottidis/abscess

- In children
- Bacterial
- Inflammatory oedema of the epiglottis leading to abscess
- Symptoms – problems with swallowing, fever, salivation, changing voice, breathlessness
- Treatment in the hospital – intravenous antibiotics, intubation
Acute subglottic laryngitis

- Inflammatory oedema of the mucosa in subglottic region
- Breathlessness, cough, unchanged voice
- Etiology-viral, allergic, GERD, bacterial
- Treatment in hospital – antiallergic drugs, tracheotomy, antibiotics
Chronic laryngitis – many forms

- Simple, atrophic, hypertrophic (etiology – irritating factors: f.i. smoke, dust), posterior laryngitis (etiology: GERD), polyps, Reincke's oedema (smoke), contact ulcer, vocal nodules (wrong voice emission), granuloma after intubation
- Treatment – surgical removing, histopathological examination to exclude the cancer
Vocal nodules

- 1/3 anteriorly
- Wrong voice emission
**Polyp**

- Polyp on the right vocal cord
Granuloma

- Left vocal cord
- Posterior part of the cord
- After long lasting intubation
Leukoplakia

- White lesion on left vocal cord
- Both vocal cord
Leukoplakia

- Leukoplakia is a predominantly white lesion of the oral mucosa that cannot be characterized as any other definable lesion (definition according to WHO)
- Precancerous state
- Histopathologically – hyperkeratosis due to irritating factor, usually smoke
- Localizations: mouth, larynx
- Needs to exclude the cancer !!!!!
Laryngeal papillomatosis

- HPV infection types 6, 11, also 16,18 or 31,33,35
- Surgical removal, sometimes tracheotomy, intraoperative drug - cidofovir
Precancerous states

- Leukoplakia – risk of cancer 10-35%
- Erytroplakia – 50%
- Hiperkeratosis
- Dysplasia
- Papillomatosis of the larynx 1-7%