

Differential diagnosis of oral lesions

Mosby Yearbook - Differential Diagnosis of white lesions

Description: -

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Religious tolerance -- Christianity.

Mouth Diseases -- diagnosis.

Differential diagnosis.

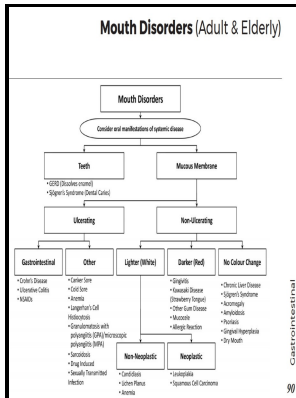
Differential diagnosis.

Mouth -- Diseases -- Diagnosis. Differential diagnosis of oral lesions

-Differential diagnosis of oral lesions

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**Differential Diagnosis of oral
Maxillofacial Lesions » Free PDF
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The patient may complain of pain or burning in association with the lesion, or the lesion may be asymptomatic. It appears clinically as asymptomatic, persistent, erythematous, velvety, focal to diffuse mucosal areas. Hairy tongue is not a serious condition, but warrants treatment for cosmetic and hygienic reasons.

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Its size may increase or decrease over time. Although the etiology of minor aphthous ulcers is essentially unknown, hypersensitivity to streptococcal antigens, stress, and hormonal changes have been proposed.

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Perleche angular cheilitis : scaling, erythematous fissures at the corners of the mouth associated with infection by Candida albicans or Staphylococcus aureus.

Differential Diagnosis of white lesions

Resolution of lesions varies from 1 to several weeks but is constant for each person.

Differential Diagnosis Of Oral And Maxillofacial Lesions by Norman K. Wood

Herpangina is typically a mild disease and resolves within approximately a week. A patient with multiple radiolucencies of the jaws or other bones may also have multiple myeloma. Surface lesions are divided into three categories based on their clinical appearance: white, pigmented, and vesicular-ulcerated-erythematous.

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