

Differential diagnosis of oral lesions

Mosby Yearbook - Evaluation of oral ulceration

Description: -

False teeth	Present at birth	Median groove or splitting of soft palate	Median, posterior	Minimal expansion of soft palate	None required	Transtracheal
No gender predilection				submucous	genetic	
				palatal cleft may be present	consuming	
					may be indicated	
					associated with	
					Lip-Duke syndrome	
Hypoplastic labial frenum	Present at birth	Thick triangular band of pink soft tissue near mouth	Median frenulum	Blush frenulum located	None required	Transtracheal scar
No gender predilection				multiple frenula associated with	frenotomy	Frenel tag
				anterior		
				and	one-fifth sigmoid	
				modular	of large	
				lip	diameter or	
					peripheral	
True palmar (palmar) area	Second decade	Bony hard mass that varies in size and shape	Median hard palate	Most tender in the upper gingiva are slightly elevated with a smooth surface.	None required, will continue to grow during childhood	Pediatrician
Female predilection				irritated	Median palatal cyst	
				denuded		
				infiltrated		
				enlarged		
				infected		
				inflamed		
				infiltrated		
				infused		
				infused		

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Religious tolerance.

Religious tolerance -- Christianity.

Mouth Diseases -- diagnosis.

Diagnosis, Differential.

Diagnosis, Differential.

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

-Differential diagnosis of oral lesions

Notes: Includes bibliographical references and index.

This edition was published in 1991

Tags: #Differential #diagnosis #of #White #Lesion #of #oral #cavity

Part I: Introduction to Clinical Differential Diagnosis

It should be emphasized that all mucoepidermoid carcinomas are malignant neoplasms and have the potential to recur and metastasize.

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It presents most commonly as a persistent red plaque erythroplakia or a mixed white and red plaque.

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B , — Patients with severe recurrent aphthous stomatitis should be evaluated for possible underlying systemic diseases and vitamin deficiencies.

Differential diagnosis of oral and maxillofacial lesions

The patient may report that the lesion increases and decreases fluctuates in size. Sometimes patients with reactive enlargements will be able to report the source of injury.

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