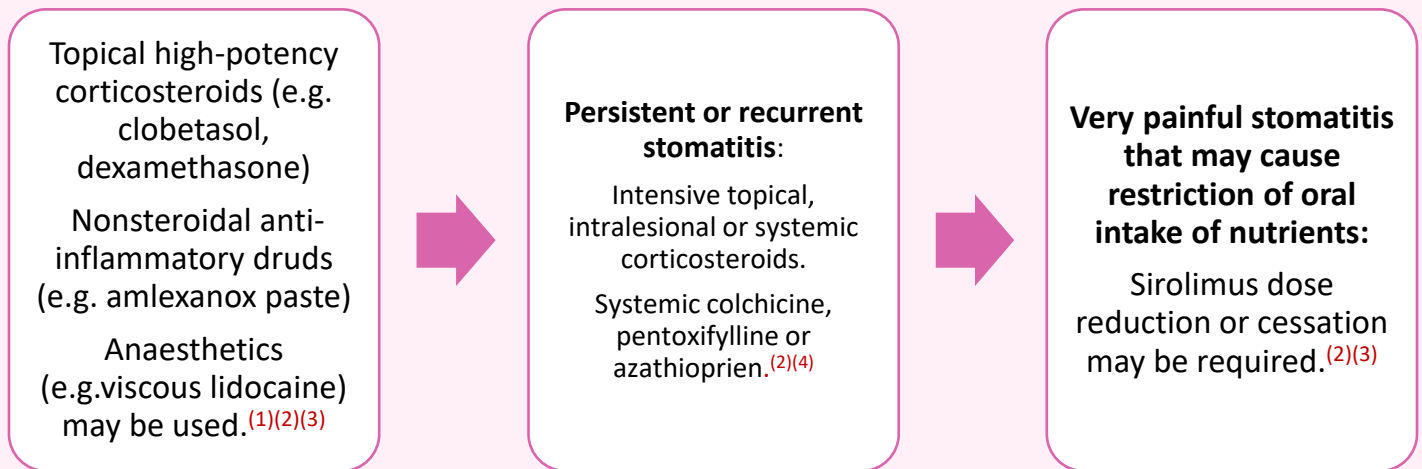


MOUTH ULCERS/ STOMATITIS



→ If lesions persist after aggressive treatment and withdrawal of sirolimus, the patient should be referred to an oral surgeon to exclude cancer. (5)

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- (1) Chuang P, Langone AJ (2007). Clobetasol ameliorates aphthous ulceration in renal transplant patients on sirolimus. Am J Transplant 7: 714– 717.
 - (2) Pilotte AP, Hohos MB, Polson KM, Huftalen TM, Treister N. Managing stomatitis in patients treated with Mammalian target of rapamycin inhibitors. Clin J Oncol Nurs 2011;15:E83–9
 - (3) de Oliveira MA, Martins e Martins F, Wang Q, et al. Clinical presentation and management of mTOR inhibitor-associated stomatitis. Oral Oncol 2011;47:998–1003.
 - (4) Pilotte, A. P., Hohos, M. B., Polson, K. M. O., Huftalen, T. M., & Treister, N. (2011). Managing Stomatitis in Patients Treated With Mammalian Target of Rapamycin Inhibitors. Clinical Journal of Oncology Nursing, 15(5), E83–E89.
 - (5) Campistol JM, de Fijter JW, Flechner SM, Langone A, Morelon E, Stockfleth E. mTOR inhibitor-associated dermatologic and mucosal problems. Clin Transplant 2010;24:149–56.

