

## **PRACTICAL CLINICAL COURSES**

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Career Development Program

**V3969**

### **Common Frustrating Oral Diseases – Diagnosis & Treatment**

John A. Svirsky, DDS, MEd  
Gordon J. Christensen, DDS, MSD, PhD

**Materials Included:**

C.E. Instruction Sheet  
Products List  
Non-SLS Toothpastes  
Therapy – Treatments  
Clinician Responsible  
Goals & Objectives  
Overview  
Supplemental Materials  
AGD Post-Test

**Gordon J. Christensen**  
**PRACTICAL CLINICAL COURSES**

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**PRACTICAL CLINICAL COURSES**  
*Sources of Products Discussed in*

**V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

Presented by: John A. Svirsky, DDS, MEd & Gordon J. Christensen, DDS, MSD, PhD

1. **Auromere Herbal Toothpaste Non-Foaming**  
PureFormulas Inc.  
11800 NW 102<sup>nd</sup> Road  
Suite 2  
Medley, FL 33178  
(800)383-6008  
[www.pureformulas.com](http://www.pureformulas.com)
2. **Biotene Fluoride Toothpaste**  
GlaxoSmithKline  
5 Crescent Drive  
Philadelphia, PA 19112  
(888)825-5249  
[www.biotene.com](http://www.biotene.com)
3. **Clobetasol Propionate (Temovate)**  
Local Pharmacy - PharmaDerm  
[www.pharmaderm.com](http://www.pharmaderm.com)
4. **ClōSYS Sulfate-Free Fluoride Toothpaste**  
Rowpar Pharmaceuticals  
16100 N. Greenway Hayden  
Loop  
Scottsdale, AZ 85260  
(480)948-6997  
[www.closys.com](http://www.closys.com)
5. **Dapsone**  
Local Pharmacy
6. **Debacterol**  
Local Distributor –  
EPIEN Medical, Inc.  
[www.epien.com](http://www.epien.com)
7. **Dexamethasone Elixir**  
Local Pharmacy –  
Qualitest Pharmaceuticals  
[www.qualitestrx.com](http://www.qualitestrx.com)
8. **Diphenhydramine (Benadryl) Elixir**  
Local Retailer  
[www.benadryl.com](http://www.benadryl.com)
9. **Doxycycline**  
Local Pharmacy –  
West-Ward Pharmaceuticals Corp.  
[www.west-ward.com](http://www.west-ward.com)
10. **Fluocinonide (Lidex)**  
Local Pharmacy –  
Teva Pharmaceuticals USA  
[www.tevausa.com](http://www.tevausa.com)
11. **Hydroxychloroquine (Plaquenil)**  
Local Pharmacy –  
Prasco Laboratories  
[www.prasco.com](http://www.prasco.com)
12. **Lidocaine (Xylocaine) Viscous 2%**  
Local Pharmacy
13. **Maalox**  
Local Retailer –  
Novartis Consumer  
Health, Inc.  
[www.maaloxus.com](http://www.maaloxus.com)
14. **Prednisone**  
Local Pharmacy –  
West-Ward Pharmaceuticals Corp.  
[www.west-ward.com](http://www.west-ward.com)
15. **Sensodyne ProNamel Mint Essence Toothpaste**  
Local Retailer – GlaxoSmithKline  
[www.pronamel.us](http://www.pronamel.us)
16. **Silver Nitrate Applicators**  
Local Distributor –  
Tech-Med Services, Inc.  
[www.tech-medservices.com](http://www.tech-medservices.com)
17. **Tacrolimus (Prograf)**  
Local Pharmacy –  
Astellas Pharma US, Inc.  
[www.prograf.com](http://www.prograf.com)
18. **Tacrolimus (Protopic)**  
Local Pharmacy –  
Astellas Pharma US, Inc.  
[www.us.astellas.com](http://www.us.astellas.com)
19. **Tincture of Benzoin**  
Local Distributor –  
Ellman International, Inc.  
[www.ellman.com](http://www.ellman.com)
20. **Tom's of Maine Clean & Gentle with Fluoride Natural**  
Tom's of Maine Store  
20 Constitution Blvd. South  
Shelton, CT 06484  
(855)415-0069  
[www.tomsomainestore.com](http://www.tomsomainestore.com)

21. **XyliWhite Toothpaste Gel**

NOW Solutions – A Division of

NOW Foods

244 Knollwood Drive

Suite 300

Bloomington, IL 60108

(888)669-3663

[www.nowfoods.com](http://www.nowfoods.com)

***Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.***

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## NON-SLS Toothpastes

- Auromere Herbal Toothpaste Non-Foaming
- Biotene Fluoride Toothpaste
- CloSYS Sulfate-Free Fluoride Toothpaste
- Sensodyne ProNamel Mint Essence Toothpaste
- Tom's of Maine Clean and Gentle with Fluoride Natural
- XyliWhite Toothpaste Gel

## Ulcerative Disease Therapy

- Systemic
  - Prednisone 20 mg tablets
  - Disp: 24
  - Twelve days starting with 60 mg/day with food in AM for 4 days followed by 40 mg/day for 4 days and 20 mg/day for 4 days.
- Systemic
  - Prednisone 10 mg tablets
  - Disp: 30
  - Twelve days starting with 40 mg/day with food in AM for 3 days followed by 30 mg/day for 3 days. Then, 20 mg/day for 3 days and 10 mg/day for 3 days.

## Aphthous Ulcerations

- Dexamethasone elixir .5mg/5ml
  - Disp: 12-16 oz.
  - Sig: Rinse with 1 tsp. for 2 minutes bid-qid and expectorate.
- Fluocinonide (Lidex) .05% gel
  - Disp: 15 or 30 gm tube
  - Sig: Apply a thin amount 2-3 times daily. (Ignore external use only.)
- Diphenhydramine (Benadryl) elixir 12.5 mg/5 ml with Maalox
  - Disp: Equal amounts of each
  - Sig: Rinse with 1-2 tsp. q2h prn (especially before meals) and expectorate.
  - Refrigerate
- Lidocaine (Xylocaine) viscous 2%
  - Disp: 4 oz.
  - Sig: Apply to affected area q4h prn pain.
- Magic Mouthwash (1 part viscous lidocaine 2% + 1 part Maalox + 1 part diphenhydramine 12.5 mg per 5 ml elixir)
  - Disp: 240 ml bottle
  - Sig: Rinse and (especially before meals) expectorate 5 ml prn – up to 4 times/day.
  - Refrigerate
- Suck on ice (do not chew).

## Lichen Planus

- Clobetasol propionate .05% gel (Temovate)(Ignore external use only.)
  - Disp: 15 or 30 gram tube
  - Sig: Apply a thin amount to affected area bid.
- Dexamethasone elixir .5 mg/5 ml
  - Disp: 12-16 oz.
  - Sig: Rinse with 1 tsp. for 2 minutes bid-qid and expectorate.
- Prednisone 10 mg tablets (Under 130 lbs.)
  - Disp: 30
  - Sig: Use 40 mg/day in AM with food for 3 days followed by 30, 20, & 10 mg in the morning with food for 3 days each.
- Prednisone 20 mg tablets (130 lbs. or More)
  - Disp: 24
  - Sig: Take 3 tablets (60 mg) in morning with food for 4 days, followed by 2 tablets (40 mg) in the morning with food for 4 days. Then, take 1 tablet (20 mg) in the morning with food for 4 days.
- Tacrolimus (Protopic) 0.1% ointment
  - Disp: 30 gram tube
  - Sig: Apply a thin layer to the affected area and rub in gently tid.
- Tacrolimus (Prograf) 1 mg capsules (off label use)
  - Disp: one capsule and mix in 1000 ml of sterile water
  - Sig: Gargle with 1-2 tsp. and expectorate QID.
- Palliative mouth rinses are listed under aphthous ulcerations.

## **Chronic Ulcerative Stomatitis**

- Hydroxychloroquine (Plaquenil) 200 mg tablets
  - Disp: 60
  - Sig: Take 1 tablet by mouth BID.
- Tacrolimus (Prograf) 1 mg capsules (off label use)
  - Disp: one capsule and mix in 1000 ml of sterile water
  - Sig: Gargle with 1-2 tsp. and expectorate QID.
- Lichen planus therapy tried first.

## **Benign Mucous Membrane Pemphigoid**

- Doxycycline: from 50 mg to 200 mg QD in single or divided doses
- Topical and/or systemic steroids
- Palliative mouth rinses

## **PROGRAM**

### **V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

#### **CLINICIANS RESPONSIBLE:**

##### **John A. Svirsky, DDS, MEd**

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Virginia Commonwealth University, School of Dentistry  
Richmond, Virginia

##### **Gordon J. Christensen, DDS, MSD, PhD**

Founder and CEO, Practical Clinical Courses  
Senior Consultant & Previous CEO, CR Foundation  
Practicing Prosthodontist, Provo, Utah

#### **GOALS & OBJECTIVES**

At the completion of this video presentation, participants should be able to accomplish the following:

1. List two other names for aphthous stomatitis.
2. Describe the clinical characteristics of aphthous stomatitis.
3. List three suggested medications for aphthous stomatitis.
4. Describe the most favored treatment for aphthous stomatitis.
5. List five factors that may contribute to aphthous stomatitis.
6. Describe the clinical characteristics of lichen planus.
7. List three suggested medications for lichen planus.
8. Describe the most favored treatment for lichen planus.
9. Describe the constituents for “magic mouthwash”.
10. Discuss the differences between aphthous ulcers and lichen planus.
11. Describe the clinical characteristics of chronic ulcerative stomatitis.
12. List three suggested medications for chronic ulcerative stomatitis.
13. Describe the most favored treatment for chronic ulcerative stomatitis.
14. List five factors that may contribute to chronic ulcerative stomatitis.
15. Discuss the relationship of lichen planus to chronic ulcerative stomatitis.
16. Describe the clinical characteristics of benign mucous membrane pemphigoid.
17. List three suggested medications for benign mucous membrane pemphigoid.
18. Describe the most favored treatment for benign mucous membrane pemphigoid.
19. Describe the suggested steps in diagnosing and treatment planning for oral lesions.
20. Discuss which of the four conditions discussed in the video is most potentially dangerous.



## OVERVIEW

### **V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

This video presents information that is not commonly known among many dentists and physicians, although the four clinical conditions described occur quite routinely in practice. The following topics are included in the video:

- Aphthous stomatitis
- Aphthous stomatitis treatment
- Questions discussed about aphthous stomatitis
- Aphthous stomatitis treatment summarized
- Lichen planus
- Lichen planus treatment
- Questions discussed about lichen planus
- Lichen planus treatment summarized
- Chronic ulcerative stomatitis
- Chronic ulcerative stomatitis treatments
- Questions discussed about ulcerative stomatitis treatment
- Chronic ulcerative stomatitis treatment summarized
- Benign mucous membrane pemphigoid
- Benign mucous membrane pemphigoid treatment
- Questions discussed about benign mucous membrane pemphigoid
- Benign mucous membrane pemphigoid treatment summarized
- Live patient demonstration of diagnosis of oral lesion and suggested treatment
- Additional educational resources

## SUPPLEMENTAL MATERIALS

### **V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

1. Chamani G, Rad M, Zarei MR, Lotfi S, Sadeghi M, Ahmadi Z. Efficacy of tacrolimus and clobetasol in the treatment of oral lichen planus: a systematic review and meta-analysis. *Int J Dermatol*. 2015 Sep;54(9):996-1004. doi: 10.1111/ijd.12925. Epub 2015 Jul 23.
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## **SUPPLEMENTAL MATERIALS (CONT'D)**

### **V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

11. Bankvall M, Sjöberg F, Gale G, Wold A, Jontell M, Östman S. The oral microbiota of patients with recurrent aphthous stomatitis. *J Oral Microbiol.* 2014 Oct 29;6:25739. doi: 10.3402/jom.v6.25739. eCollection 2014.
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## POST-TEST

### **V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

1. Aphthous stomatitis is:
  - a. communicable.
  - b. typically found on the palate and gingiva.
  - c. very painful.
  - d. viral etiology.
  
2. Treatment for aphthous stomatitis is:
  - a. always clobetasol gel.
  - b. relatively simple.
  - c. continued for one month.
  - d. effective in stopping aphthous stomatitis for several years.
  
3. Lichen planus:
  - a. usually follows a session of aphthous stomatitis.
  - b. is twice as common in men as in women.
  - c. can be psychogenic and stress induced.
  - d. responds well to antiviral medications.
  
4. Lichen planus:
  - a. is not a chronic disease.
  - b. occurs frequently in children.
  - c. is commonly accompanied with skin lesions.
  - d. is usually in young women.
  
5. Lichen planus:
  - a. can be medication induced.
  - b. most commonly occurs on the lips.
  - c. is always painful.
  - d. can be diet controlled.
  
6. Skin lesions related to lichen planus are:
  - a. purple.
  - b. polygonal.
  - c. papular.
  - d. pruritic.
  - e. all of the above.
  
7. Chronic ulcerative stomatitis:
  - a. treatment responds well to steroids.
  - b. may possibly be a severe variant of lichen planus.
  - c. is easily differentiated from oral lichen planus.
  - d. has very specific and identifiable histologic characteristics.

**POST-TEST (CONT'D)**

**V3969 Common Frustrating Oral Diseases – Diagnosis & Treatment**

- 8. Benign mucous membrane pemphigoid:
  - a. occurs on the skin.
  - b. is primarily vesicles and bullae.
  - c. is found more in men than in women.
  - d. does not have blood-filled vesicles.
  
- 9. Benign mucous membrane pemphigoid:
  - a. primary treatment is dapsone.
  - b. primary treatment is doxycycline 50-200 mg per day with or without topical and systemic steroids.
  - c. primary treatment is nicotinamide.
  - d. primary treatment is tetracycline.
  
- 10. Aphthous stomatitis can be caused by:
  - a. trauma.
  - b. stress.
  - c. allergy.
  - d. all of the above.

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