

ORAL ULCERATION AND CHRONIC ULCERATIVE PARADENTAL STOMATITIS

(ULCERS OF THE MOUTH AND INFLAMMATION AROUND THE TEETH)

BASICS

OVERVIEW

- “Oral ulceration” is the term for “ulcers of the mouth;” ulcers are lesions on the moist tissues, characterized by the loss of the top layer(s) of tissue, usually associated with inflammation
- “Paradental” refers to adjacent, beside, or alongside (“para-”) the teeth (“dental”)
- “Stomatitis” is inflammation of the lining of the mouth
- “Chronic” is defined as being long-term or prolonged
- Oral ulceration and chronic ulcerative paradental stomatitis are conditions involving localized (“focal”) loss or multiple areas (“multifocal”) of loss of the top layer(s) of the lining of the mouth
- Chronic ulcerative paradental stomatitis is also known as “CUPS”
- “Lymphocytic plasmacytic stomatitis” is seen in cats; it also is known as “LPS”—it is inflammation of the lining of the mouth, characterized by the presence of lymphocytes and plasma cells; lymphocytes are a type of white-blood cell that are formed in lymphatic tissues throughout the body; lymphocytes are involved in the immune process; plasma cells or plasmacytes are a specialized type of white-blood cell; plasma cells are lymphocytes that have been altered to produce immunoglobulin, an immune protein or antibody necessary for fighting disease

SIGNALMENT/DESCRIPTION of ANIMAL

Species

- Dogs and cats

Breed Predispositions

- Inflammation of the lining of the mouth, characterized by ulcers (known as “ulcerative stomatitis” and also known as “chronic ulcerative paradental stomatitis” [CUPS])—Maltese, Cavalier King Charles spaniels, cocker spaniels, Bouvier des Flandres
- Inflammation/infection of the bone for unknown reason (known as “idiopathic osteomyelitis”)—cocker spaniels may have increased likelihood of developing idiopathic osteomyelitis as compared to other dog breeds; complication associated with CUPS
- Inflammation of the lining of the mouth, characterized by the presence of lymphocytes and plasma cells in cats (known as “feline stomatitis” or “lymphocytic plasmacytic stomatitis” [LPS])—the Somali and Abyssinian may have a tendency to develop feline stomatitis

Mean Age and Range

- Any age

SIGNS/OBSERVED CHANGES in the ANIMAL

- Bad breath (known as “halitosis”)
- Inflammation of the gums (known as “gingivitis”)
- Inflammation of the area between the cavity or back of the mouth and the throat (area known as the “fauces; inflammation known as “faucitis”)
- Inflammation of the throat or pharynx (known as “pharyngitis”)
- Inflammation of the lining of the cheek (known as “buccitis”) with ulcers (known as “buccal mucosal ulceration”)
- Excessive salivation (known as “hypersalivation”) with thick, ropey saliva
- Pain
- Lack of appetite (known as “anorexia”)
- Ulcers of the lining of the mouth (known as “mucosal ulceration”)—ulcers that occur on surfaces of the moist lining of the mouth that oppose the teeth (known as “kissing ulcers”) common in CUPS
- Plaque (the thin, “sticky” film that builds up on the teeth; composed of bacteria, white-blood cells, food particles, and components of saliva)—with or without tartar or calculus (mineralized plaque on the tooth surface)
- Exposed, dead (necrotic) bone—with inflammation of the bone of the tooth socket (known as “alveolar osteitis”) and inflammation/infection of the bone for unknown reason (idiopathic osteomyelitis)
- Behavior changes secondary to pain or sensitivity in the mouth
- Scar formation on lateral margins of tongue—with CUPS

CAUSES

Metabolic

- Diabetes mellitus (“sugar diabetes”)
- Inadequate production of parathyroid hormone by the parathyroid glands (known as “hypoparathyroidism”)

- Inadequate production of thyroid hormone (known as “hypothyroidism”)
- Kidney disease/failure—excess levels of urea and other nitrogenous waste products in the blood (known as “uremia” or “azotemia”)

Nutritional

- Protein-calorie malnutrition
- Riboflavin deficiency; riboflavin is part of the vitamin B complex

Cancer

- Dog—malignant melanoma; squamous cell carcinoma; fibrosarcoma
- Cat—squamous cell carcinoma; fibrosarcoma; malignant melanoma

Immune-mediated

- Autoimmune diseases (such as pemphigus vulgaris, bullous pemphigoid, systemic lupus erythematosus, discoid lupus erythematosus)
- Drug-induced—ulcerative disorder of the skin and moist tissues of the mouth (known as “toxic epidermal necrolysis”)
- Immune-mediated inflammation of the blood vessels (known as “immune-mediated vasculitis”)

Infectious

- Retrovirus—cats; feline leukemia virus (FeLV) and feline immunodeficiency virus (FIV)
- Calicivirus—cat
- Herpesvirus—cat
- Leptospirosis—dog
- Inflammation/infection of the tissues surrounding and supporting the teeth (known as “periodontal disease”)—dog and cat

Traumatic

- Foreign body—bone or wood fragments
- Electric-cord shock
- Any deviation in the relationship or contact between the biting and chewing surfaces of the upper and lower teeth (known as “malocclusion”)
- “Gum-chewer’s disease”—chronic chewing of the moist tissues lining the cheek

Chemical/Toxic

- Acids
- Thallium

Idiopathic (Unknown Cause)

- Eosinophilic granuloma (a mass or nodular lesion containing a type of white-blood cell, called an eosinophil)—cats, Siberian huskies, Samoyeds
- Lymphocytic plasmacytic stomatitis (LPS)—cats
- Chronic ulcerative paradental stomatitis (CUPS)—dogs; allergic reaction to plaque (the thin, “sticky” film that builds up on the teeth; composed of bacteria, white-blood cells, food particles, and components of saliva)
- Inflammation/infection of the bone for unknown reason (idiopathic osteomyelitis)—dogs

TREATMENT

HEALTH CARE

- Supportive therapy—soft diet; fluids; hospitalization in severe cases
- Chronic ulcerative paradental stomatitis (CUPS)—continuous, meticulous home care to prevent plaque (the thin, “sticky” film that builds up on the teeth; composed of bacteria, white-blood cells, food particles, and components of saliva) accumulation; dental cleaning initially and frequently; periodontal therapy; extraction of diseased teeth
- Underlying metabolic or other disease—treat underlying illness

DIET

- Soft diet
- Nutritional support—via feeding tube

SURGERY

- Select extractions (partial mouth, teeth in the back of the mouth, or full mouth)—may be indicated for long-term (chronic) conditions of unknown cause (idiopathic), such as CUPS and LPS, to remove the source of reaction (plaque [the thin, “sticky” film that builds up on the teeth; composed of bacteria, white-blood cells, food particles, and components of saliva] and teeth)
- Removal of entire tooth structure—important in extraction treatment for LPS
- Removal of dead (necrotic) bone or bone that has lost blood supply (known as “avascular bone”) indicated for inflammation/infection of the bone for unknown reason (idiopathic osteomyelitis)

MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

- Antibiotics—treat primary and secondary bacterial infections—[clindamycin](#); amoxicillin-[clavulanate](#); [tetracycline](#)
- Broad-spectrum antibiotics—indicated for inflammation/infection of the bone for unknown reason (idiopathic osteomyelitis)
- Anti-inflammatory/immunosuppressive drugs—used to decrease inflammation and to decrease the immune response; the comfort of the patient must be weighed against potential long-term side effects of steroid usage—[prednisone](#)
- Agents to protect the surface of the lining of the mouth (known as “mucosal protectants”) for chemical insults—[sucralfate](#); [cimetidine](#)
- Pain relievers (known as “analgesics”) following extraction or teeth—[carprofen](#); [hydrocodone](#); [tramadol](#)
- Topical treatment (that is, treatment applied directly to the tissues of the mouth)—chlorhexidine solution or gel (antibacterial); zinc gluconate/ascorbic acid; stabilized chlorine dioxide for bad breath (halitosis)

FOLLOW-UP CARE

PATIENT MONITORING

- Inflammation may take 4 to 6 weeks to subside after extractions due to plaque (the thin, “sticky” film that builds up on the teeth; composed of bacteria, white-blood cells, food particles, and components of saliva) build-up on sutures and the tongue

EXPECTED COURSE AND PROGNOSIS

- Prognosis is guarded, response to therapy depends on underlying cause, and prolonged treatment and/or further extractions may be necessary

KEY POINTS

- Inflammation may take 4 to 6 weeks to subside after extractions
- Prognosis is guarded, response to therapy depends on underlying cause, and prolonged treatment and/or further extractions may be necessary
- Any level of home care (brushing or topical antimicrobials) that can be provided is encouraged in chronic ulcerative paradental stomatitis (CUPS) or lymphocytic plasmacytic stomatitis (LPS)

