Dermatologic Manifestations of Oral Leukoplakia Clinical Presentation

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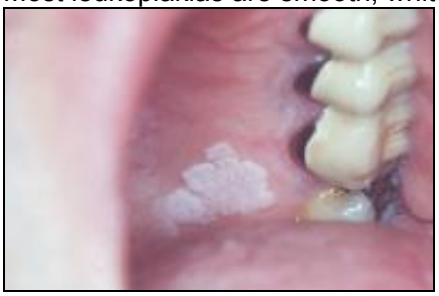
History

Leukoplakias are usually asymptomatic and are initially noticed by a dentist during a routine examination.

Physical

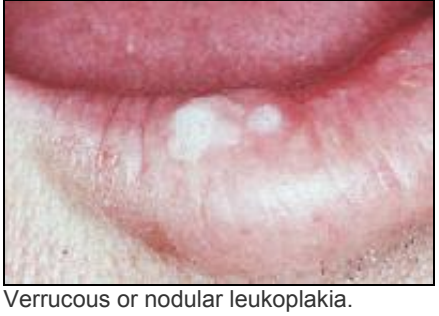
Leukoplakias are white lesions that cannot be removed with a gauze swab.

- Most leukoplakias are smooth, white plaques (homogeneous leukoplakias), as shown in the image below.



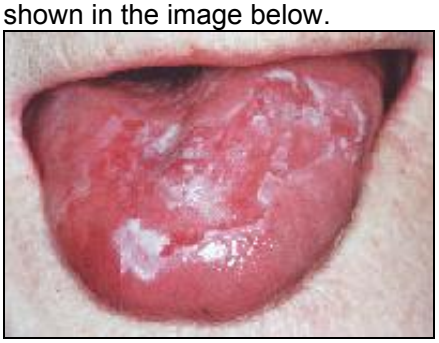
Homogeneous leukoplakia.

- Most leukoplakias occur on the lip, the buccal mucosae, or the gingivae.
- Some leukoplakias are white and warty (verrucous leukoplakia), as shown in the image below.



Verrucous or nodular leukoplakia.

- Some leukoplakias are mixed white and red lesions (erythroleukoplakias or speckled leukoplakias), as shown in the image below.



Erythroleukoplakia.

- Dysplastic lesions do not have any specific clinical appearance; however, where erythroplasia is present, dysplasia, carcinoma in situ, and frank carcinomas are more likely to be seen. The site of the lesion is relevant; leukoplakias on the floor of the mouth or on the ventrum of the tongue and the lip are sinister. The size of the lesion appears to be irrelevant. Even small dysplastic lesions may lead to multiple carcinomas and a fatal outcome. Note the image below.

Carcinoma referred to as a leukoplakia.

Causes

No etiologic factor can be identified for most persistent oral leukoplakias (idiopathic leukoplakia). Known causes of leukoplakia include the following:

- Trauma (eg, chronic trauma from a sharp or broken tooth or from mastication may cause keratosis)
- Tobacco use: Chewing tobacco is probably worse than smoking.[5]
- Alcohol
- Use of betel, kat (Qat), and similar products[6, 7]
- Infections (eg, candidosis, syphilis, Epstein-Barr virus infection): Epstein-Barr virus infection causes a separate and distinct non–premalignant lesion termed hairy leukoplakia.
- Chemicals (eg, sanguinaria)[8, 9]
- Immune defects: Leukoplakias appear to be more common in transplant patients.

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