



Patient Information Leaflet

Recurrent Mouth Ulcers

Cork University Dental School & Hospital



This leaflet has been designed to explain recurrent aphthous stomatitis and it contains answers to many frequently asked questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask us.

What is Recurrent Aphthous Stomatitis (RAS)?

RAS is repeated attacks of painful ulcers in your mouth, one or more at a time. It is very common and affects up to 1 in 5 people. RAS usually gets less severe and less frequent as you get older.

What causes RAS?

We don't know what causes RAS but it is likely to be a problem with the immune system. There are some conditions which are linked with RAS. These include anaemia, stress, vitamin deficiencies, and injuries from sharp teeth, braces, fillings or a tooth brush. Some people who give up smoking develop RAS and the reason for this is not clear. Sometimes, RAS can be part of a more widespread problem affecting other parts of the body. RAS is not thought to be an infection.

Is RAS hereditary?

Nearly half of the people who suffer from RAS have a close relative with the same problem. Children may inherit the condition from their parents.

What does RAS look like?

The ulcers are round or oval in shape and usually last for 10-14 days. They are usually greyish-yellow in colour and the area around them is red. They vary in size from a few millimetres in diameter to more than one centimetre.

There are three types:

Minor – this is the most common type and affects 4 out of 5 people with RAS. These ulcers appear inside the lips and cheeks, on the tongue and sometimes under the tongue. There are usually 1-5 ulcers at any one time. They are usually less than 1cm in diameter and they heal in 10-14 days. They do not cause scars.

Major – this type affects about 1 in 10 people with RAS. These ulcers are usually more than 1cm in diameter and can appear anywhere in the mouth. There may be 1-3 ulcers at any one time and they can last up to three months. They may cause scars when they heal.

Herpetiform – these are the least common and affect less than 1 in 10 people with RAS. They often appear in the front of the mouth, particularly under the tongue and on the edges of the tongue. They are smaller, only 1-2mm in diameter, and there are often more than 20 at any one time. They can join together to form bigger ulcers. They usually heal within 2 weeks and do not cause scars. In spite of their name, they are not caused by a herpes virus.

How will RAS affect me?

A common complaint is pain. This can be made worse by hot, salty, spicy, hard or rough food. It can be difficult to eat, drink and talk comfortably. A few people are never free from ulcers.

How is RAS diagnosed?

RAS is diagnosed by listening to your story and looking in your mouth. Blood tests are taken to check for linked problems. A biopsy may be necessary if there is any doubt about the diagnosis.

Can RAS be cured?

There is no cure for RAS unless an underlying cause is found and corrected.

How is RAS treated?

Treatment for RAS aims to relieve discomfort, prevent or reduce infection and help healing.

Treatments used may include:

- Steroids applied to the ulcers. This is the main treatment for RAS and works for most patients. These are available as mouthwashes, sprays and small soluble pellets.
- Anaesthetic (pain-killing) mouthwashes, sprays or sugar-free throat lozenges. These can be used if your mouth becomes sore and are very helpful if used before meals.
- Antiseptic, alcohol-free mouthwash, spray or gel, such as chlorhexidine gluconate. This may be recommended to help prevent infection and to help control plaque levels on teeth if toothbrushing is difficult or uncomfortable.
- Covering agents. These work by forming a barrier against infection and irritation. They are available as pastes and soluble pellets for putting on the ulcers.
- A short course of steroid tablets for severe cases. Long-term treatment with steroid tablets is not recommended because of possible side-effects.
- Other types of tablets which are used for severe cases of RAS. These work by changing your immune system. These tablets can cause side-effects which your specialist will discuss with you. You may need regular blood tests while you are taking these drugs, especially in the beginning.

What can I do to help?

- You should avoid spicy, acidic, salty, hard or rough foods if these make your mouth sore.
- Make sure that you eat a varied diet so that you avoid nutritional deficiencies.
- It is important to keep your mouth very clean.
- Visit your dentist regularly for check-ups and for help with sharp teeth or broken fillings that may trigger your mouth ulcers.
- Any single ulcer that persists for longer than 3 weeks in spite of treatment, should be examined by your dentist (or doctor) and referred urgently for a specialist opinion and possible biopsy.

Where can I get more information about RAS?

Useful web-sites - (CUDSH cannot be held responsible for the content of other websites)

<http://www.dermnetnz.org/site-age-specific/aphthae.html>

<http://www.mayoclinic.com/health/canker-sore/DS00354>

<http://www.eaom.net/app/prvt/VediFile.d/File-72/APHTHOUS%20ULCERS.pdf>

This leaflet is available online at <http://www.ucc.ie/en/dentalschool/patients>