



Behçet's Syndrome Society

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Behçet's Disease and Mouth Ulcers

How is the mouth affected by Behçet's disease?

Mouth ulcers, or aphthous ulcers, are one of the most common symptoms in Behçet's disease, with almost 100% of patients suffering with them at some point. Although mouth ulcers are common in the general population too, with 1 in 3 people suffering with them at some point, ulcers associated with Behçet's are a little different.

The ulcers occur on the soft mucous membrane in the mouth and are painful, clearly defined round or oval sores, usually with a surrounding red ring of inflammation. They can occur anywhere in the mouth but most commonly on the tongue, lips, gums and the inside of the cheek. They can have the same appearance as mouth ulcers seen in people without Behçet's disease, tending to arrive as a crop of several ulcers at the same time and last for up to 2 or 3 weeks.

Mouth ulcers are a necessary symptom to obtain a diagnosis of Behçet's syndrome, along with a further two symptoms. The International Diagnostic Criteria for Behçet's Disease state that a patient must have experienced at least three episodes of oral ulceration in a 12-month period.

Complications

Mouth ulcers can be extremely painful and make eating, talking and oral hygiene difficult. Poor oral hygiene is associated with an increase in activity of Behçet's disease in general, and also increases the likelihood of dental problems including gum disease and bad breath. So, despite the pain associated with brushing and flossing the teeth, everyone should try to do so at least twice a day.

Investigations

Investigations into mouth ulcers such as biopsy and swabs to check for infection may be undertaken but are not routinely indicated.

Treatment

General good oral hygiene is important with Behçet's disease, even when the mouth or gums are painful. Rinsing with mouthwash alone will not remove the dental plaque and is no substitute for brushing the teeth and flossing.

Typical adult toothpastes include detergents such as sodium lauryl sulphate (SLS) and flavouring agents that can exacerbate pain associated with oral ulceration. Toothpastes without SLS or prepared specifically for the 'sore mouth' are available. An alternative option is to use a children's toothpaste. Toothpastes used by adults should include 1450 ppm fluoride.

Before considering the options listed below, you should discuss topical solutions with your specialist or doctor. Some of the remedies listed below are not licensed specifically for use in Behçet's disease so will need consideration by your medical professional. Many are prescription-only and will require ongoing monitoring.

Relief of pain

Topical analgesia for oral ulceration is available as mouthwash and spray (Difflam). The mouthwash potentially allows more parts of the mouth to be reached than the spray but is less portable. A normal dose would be to rinse or gargle with 15 ml of the mouthwash every 1–3 hours as needed and spit it out. The preparation contains 10% alcohol, which can cause stinging when used with a sore mouth. Dilution with an equal volume of water can help. For the spray preparation, 4–8 sprays should be directed onto the affected area every 1–3 hours as needed.

Relief of inflammation and reduction in ulceration

Topical corticosteroids reduce inflammation and are the mainstay of topical treatment. All topical corticosteroid therapies are best applied as soon as the ulcer starts to develop and should be continued until the ulcer has completely disappeared. A wide range of topical corticosteroids may be considered and food and drink should be avoided for at least 30 minutes following application.

- ***For the treatment of a single or low number of ulcers***

Mucoadhesive buccal tablets (previously known as Corlan pellets) can be placed on the ulcers and allowed to dissolve. This should be done up to four times daily. However, some patients may find the tablets difficult to position in the correct place.

Alternatively, an aerosol preparation such as a steroid inhaler used in the management of asthma or allergic rhinitis (e.g. hay fever) may be considered. The aerosol can be sprayed directly onto ulcers. Suitable inhalers are beclometasone metered-dose inhaler 50–100 micrograms sprayed twice daily onto the affected area or fluticasone propionate aqueous spray 50 micrograms, 2 puffs sprayed on to the ulcers three times daily.

- ***For treating several ulcers***

Corticosteroid mouthwashes can be used where there is widespread development of crops of ulcers. Betamethasone soluble 500 microgram tablets are licensed for the management of oral ulcers. One tablet should be dissolved in 10–15 ml of warm water and then gargled ensuring affected parts of the mouth are covered for up to 4 minutes. The solution should not be swallowed. The mouthwash should be used up to three times a day. Alternatively, soluble prednisolone 5 mg tablets dissolved in 10–15 ml of warm water can be used up to three times a day.

Protective barriers

Mucosal coating agents are used to physically cover ulcerated areas to reduce unpleasant symptoms associated with activities such as speaking, smiling swallowing or yawning.

- ***Pastes***

Carmellose sodium (Orabase) can be used to protect the sore areas of the mouth. It should be applied sparingly directly onto the ulcer when required. Application can be difficult to the tongue and the back of the mouth.

- ***Topical gels***

Gelclair is a viscous gel specifically formulated to aid the management of inflammation of the oral mucosa. The gel can be used as a mouthwash up to three times daily after dilution or applied directly to the affected site using a clean finger or swab such as a cotton bud. The mouthwash is prepared by diluting the contents of one sachet with 3 tablespoons of water. The solution is then rinsed around the mouth for 1 minute and provides a protective coat over the mucosa.

Anti-microbial agents

Anti-microbial agents are used to control pain by reducing the secondary infection associated with mucosal ulceration.

- ***Chlorhexidine mouthwash, gel or spray***

Chlorhexidine has a broad anti-microbial spectrum. Preparations are licensed for the management of aphthous ulcers.

For chlorhexidine 0.2% mouthwash, 10 ml of solution should be rinsed around the mouth for 1 minute twice daily and then spat out. Alternatively, an oral spray – Corsodyl (chlorhexidine 0.2%) – may be used with up to 12 applications of spray used twice daily. Chlorhexidine gel preparations can be applied directly to the ulcer or brushed on the teeth once or twice daily. Preparations available include Corsodyl gel (chlorhexidine 1%) and Curasept gel (chlorhexidine 5%).

A number of chlorhexidine preparations contain alcohol, which can irritate the oral mucosa. However, alcohol-free mouthwashes can be found, including Corsodyl, Curasept and Periogard. The Curasept gel formulation is also alcohol-free.

- ***Doxycycline***

Doxycycline has antibacterial and anti-inflammatory properties and can be used when the use of chlorhexidine has failed. Its main value in treating mouth ulcers comes from its anti-inflammatory action. The contents of one doxycycline 100 mg capsule should be dissolved in 10–15 ml water. Again, the solution should be held in the mouth for up to 4 minutes, ensuring that the solution comes into contact with the affected parts of the mouth. This should be done at least four times a day for 3 days. The solution should not be swallowed, and food and drink should be avoided for 30 minutes after use of the preparation. Prolonged use should be avoided, as this can increase the risk of oral infections such as candidiasis (thrush).

Colchicine in Behçet's disease

For recurrent oral ulceration that has failed to respond to topical treatments alone, oral colchicine may be prescribed by your doctor. The standard dose range used in Behçet's disease is 500 micrograms two to three times daily and will need to be monitored by your doctor.