



Mouth ulcers

This leaflet has been provided to improve your understanding of your condition and any possible treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer, or would like further explanation, please ask.

What is a mouth ulcer?

An ulcer is an area where there is a break of the mucosa (moist tissue lining) of the mouth. Most people have developed one or two painful ulcers in their mouth following minor trauma, for example with a toothbrush.

If a fit and well individual develops mouth ulcers repeatedly, without a history of trauma, the condition is known as 'recurrent aphthous stomatitis' (meaning "repeated ulcerous openings"). The less severe form of the disease is often known as a 'minor aphthous stomatitis'. The less common but more severe type is 'major aphthous stomatitis'.

Aphthous ulcers occur only on lining mucosa of the mouth. They do not occur on the skin and they do not blister.

Minor aphthous stomatitis

This is a common, self-limiting, recurrent disease of unknown cause. One or several painful ulcers appear on the lining mucosa of the mouth. The ulcers heal in 7 – 10 days with or without treatment.

Major aphthous stomatitis

Major aphthae are larger recurrent ulcers of unknown cause appearing as deep, painful areas in the mouth that leave scars on healing. They last longer than minor aphthae.

Who is at risk of developing aphthous ulcers?

Aphthous stomatitis may affect anyone at any age. Young adults are most commonly affected. The disorder starts with the development of one or several painful ulcers. The ulcers are yellowish-white and are surrounded by a red ring of inflamed mucosa. The ulcers are usually located on moveable lining mucosa rather than the palate (roof of mouth) or gums, although major ulcers may also appear in the throat. Some patients experience a tingling feeling in the area where a subsequent ulcer develops.

What causes aphthous ulcers?

Their cause is unknown. We know aphthae are not caused by infection and that this disease cannot be passed on. Stopping smoking may make the ulcers occur more frequently or more severely. No long term consequences are known and ulcers are likely to become less frequent as the affected person becomes older.

A biopsy of an aphthous ulcer is not usually required because the clinical features are so characteristic of aphthae; we rarely have to take a piece of tissue for examination under the microscope. Blood tests will be taken by your GP or the hospital clinician to see if you are deficient in iron, vitamins B12 and folate. Low levels of these vitamins and minerals may make your ulcers worse.

What are the treatments?

- Minor aphthae heal without scarring within 7 – 10 days, with or without treatment. Ulcers can be controlled, but rarely cured by treatment.
- Local analgesic agents (Difflam) will help to reduce the pain associated with the ulcer and also help reduce inflammation to help recovery to be quicker.
- Aloclair plus can be applied to the ulcer to aid healing and reduce pain. You can buy this from your local pharmacy.
- Local application of a steroid spray (Flixonase) or a steroid mouthwash (betamethasone) which are anti-inflammatory agents, may be prescribed for you by your doctor to help with moderate to severe outbreaks of ulceration. These steroids do not prevent or cure the ulcers, but will help to speed up the healing process and reduce pain.
- Rarely, people with mouth ulcers require tablets to swallow to control their recurrences and severity. These may include corticosteroids such as Prednisolone and other immune system suppressants such as Azathioprine.

Contacting us

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