

Puesta al día en Tratamiento de las Aftas

Esta revisión es tomada de más de 500 revistas sobre la medicina basada en la evidencia dirigida por . DynaMed Summaries. completar

- identify and eliminate predisposing factors, such as sharp edge on dental appliance, using softer toothbrush, avoiding acidic foods and beverages, etc.
- avoidance of toothpaste containing sodium lauryl sulfate (SLS) appears to reduce frequency of recurrent aphthous ulcers, but inconsistent results in small trials (see Prevention)
- many therapies have been used, although most therapies have not been studied well
- amlexanox (Aphthasol) 5% oral paste 4 times daily after oral hygiene hastened healing and pain resolution by 0.7 days in 3 trials with > 1,000 patients
- silver nitrate cauterization may reduce pain severity ([level 2 \[mid-level\] evidence](#)) based on 1 randomized trial with 85 patients

Medications:

- topical therapies (prepared agents)
 - amlexanox (Aphthasol) 5% oral paste 4 times daily after oral hygiene
 - topical paste, mechanism of action unknown, not an analgesic
 - trial comparing amlexanox vs. placebo for 4 days found 37% vs. 27% complete healing of ulcers (NNT 10) and 60% vs. 49% complete resolution of pain (NNT 9); side effects of stinging, burning, nausea, diarrhea (Am Fam Physician 1997 Apr;55(5):1988)
 - approved for patients with normal immune system; studied in 3 trials of 1,124 patients, amlexanox reduced median time to complete healing and pain relief by 0.7 days; not indicated for herpes (Monthly Prescribing Reference 1997 Dec:A-15)
 - Gelclair
 - prescription agent for oral pain due to oral ulcers caused by cancer therapy or diffuse aphthous ulcers
 - contains bioadherent agents (polyvinylpyrrolidone and sodium hyaluronate), not an analgesic
 - used 3 times daily or as needed, mix packet in 3 tablespoons of water, swish and spit then avoid eating or drinking for 1 hour
 - 21 single-dose packets costs about \$65
 - Reference - [Gelclair](#), Prescriber's Letter 2002 Jul;9(7):41
 - acemannan hydrogel (Carrisyn Gel Wound Dressing)
 - believed to be active ingredient from aloe plant
 - faster healing time than Orabase in randomized trial of 60 patients (Wounds 1994;6:40 in Alternative Medicine Alert 2001 Jan;4(1):8)
 - steroids in oral paste applied to ulcer 4 times daily
 - triamcinolone acetonide (Kenalog) in Orabase
 - Orabase is a pectin/benzoin tincture protectant

- no published randomized trials proving efficacy, but Kenalog in Orabase is commonly the comparator agent in trials of newer drugs
 - triamcinolone 0.1% as cream (Aristocort) or in generic dental paste (Taro Pharmaceuticals)
 - fluocinonide (Lidex) 0.05% gel
 - clobetasol propionate (Temovate) 0.05% cream
 - Reference - anecdotal list compiled by Tony Glaser MD, PhD
 - Debacterol
 - acts as chemical cautery agent providing quick pain relief and rapid healing with single application
 - Debacterol more effective than Kenalog in Orabase; 60 patients assigned (not randomized) to Debacterol vs. Kenalog in Orabase vs. no treatment for 10 days, Debacterol group had more pain relief at 3 days (> 70% vs. < 20%) and more clinical cure at 6 days (80% vs. about 30%) compared to other groups ([Quintessence Int 1998 Dec;29\(12\):769](#)), previously reported at 1998 annual meeting of American Association for Dental Research ([J Dent Res 1997;77\(Special Issue A\):300,A1555](#))
 - [Debacterol product web site](#)
 - hydroxypropylcellulose film (Zilactin)
 - Zilactin decreased ulcer pain over 4 hours in study of 20 subjects with recurrent aphthous ulcerations ([Oral Surg Oral Med Oral Pathol 1988 Jun;65\(6\):699](#))
 - [Zilactin product web site](#)
 - Orajel-Ultra Mouth Sore Medicine (benzocaine and menthol) available over-the-counter (Monthly Prescribing Reference 2000 Nov:A-18)
 - Eupatorium laevigatum extract in Orabase more effective than triamcinolone 0.1% (Kenalog in Orabase) in randomized double-blind trial of 60 patients, 40% vs. 27% cure rates at 5 days (NNT 8), 70% vs. 33% had pain relief (NNT 3) ([Adv Ther 2000 Nov-Dec;17\(6\):272](#))
 - single agents based on anecdotal suggestions
 - sucralfate (Carafate) tablets or suspension prn to dissolve around lesion
 - misoprostol (Cytotec) 100 mcg - dissolve tablet in mouth adjacent to ulcer, may repeat once at 6 hours
 - allopurinol mouthwash for stomatitis induced by 5-fluorouracil or methotrexate (Diary from a Week in Practice in [Am Fam Physician 2000 Feb 1;61\(3\):670](#))
 - tetracycline powder applied directly to lesion with cotton applicator 4 times daily
 - tetracycline or erythromycin solutions
 - prednisone troches (available in England)
 - Betadine solution applied with swab twice daily to dried ulcer, or bismuth subsalicylate 3 times daily if allergic to iodine
- topical therapies (concoctions) based on anecdotal reports
 - viscous lidocaine/erythromycin/methylprednisolone
 - viscous lidocaine 120 mL
 - erythromycin ethylsuccinate [EES] (400 mg/5 mL) 40 mL
 - methylprednisone [Pediapred] elixir (15 mg/5 mL) 40 mL

- gargle and swallow or spit out at least 5x/day until lesions resolve
 - "Duke's Magic Mouthwash"
 - diphenhydramine hydrochloride [Benadryl] syrup 200 mL
 - hydrocortisone (injectable solution) 60 mg
 - nystatin suspension (100,000 units/mL) 30 mL, or nystatin powder 3 million units
 - use 10 mL swish and swallow 4 times daily for 5-10 days
 - mouthwash (swish and spit out every 1-4 hours prn) may include various combinations of
 - diphenhydramine (Benadryl) elixir
 - viscous lidocaine 2%
 - Mylanta (aluminum, magnesium, simethicone)
 - Maalox (magnesium and aluminum)
 - Amphojel (aluminum hydroxide)
 - sucralfate (Carafate)
 - nystatin 5-10 mL to solution if fungal etiology suspected
 - Kaopectate was previously noted but no longer expected to be useful with change in formulation; original formulation of Kaopectate contained kaolin and pectin, then switched to attapulgite, now reformulated again to contain bismuth subsalicylate (Prescriber's Letter 2003 Apr;10(4):24)
- locally invasive therapies
 - **silver nitrate cautery may reduce pain severity**([level 2 \[mid-level evidence\]](#))
 - 97 patients with painful minor oral aphthous ulcers were randomized to silver nitrate cautery vs. placebo as single application following topical lidocaine 2%
 - 85 patients analyzed
 - 70% silver nitrate vs. 11% placebo group had reduced pain severity 1 day after procedure ($p < 0.001$, NNT 2)
 - no significant difference in rates of re-epithelialization at 7 days (83% vs. 89%)
 - Reference - [Br J Dermatol 2005 Sep;153\(3\):521](#)
 - if ulcer is large and painful, apply topical viscous lidocaine and inject mixture of long-acting local anesthetic and steroid such as methylprednisolone (Solu-Medrol), based on anecdotal report ([level 3 \[lacking direct\] evidence](#))
- systemic therapies based on anecdotal reports
 - correct vitamin or mineral deficiencies (B12, folate, zinc, iron)
 - Lactobacillus capsule PO daily reported to reduce frequency of attacks
 - medications that have been used for severe recurrent aphthous stomatitis (less than 2 weeks between episodes or continuous ulceration)
 - colchicine 0.5-0.6 mg daily
 - prednisone 40 mg daily for 5 days
- thalidomide
 - thalidomide approved for treatment of recurrent aphthous stomatitis in severely terminally immunocompromised patients (Monthly Prescribing Reference 1995 Jul:A-20)
 - thalidomide PO 50-200 mg/day for 3 days to 2 months has been reported to be effective for treatment and prevention of oropharyngeal, esophageal

and rectal aphthous ulcers with or without HIV infection ([The Medical Letter 1996 Feb 16;38\(968\):15](#))

- thalidomide effective in HIV patients; trial of thalidomide 200 mg PO once daily vs. placebo for 4 weeks in 57 HIV patients with oral aphthous ulcers and CD4 count < 30; 55% vs. 7% complete healing at 4 weeks, 90% vs. 25% complete or partial healing; thalidomide decreased pain and improved ability to eat; adverse effects of 24% somnolence and 24% rash, 21% thalidomide patients discontinued treatment and more decreased dose to 100 mg once daily, thalidomide may have increased HIV RNA levels ([N Engl J Med 1997 May 22;336\(21\):1487](#)), commentary can be found in [N Engl J Med 1997 Oct 9;337\(15\):1086](#)
- pregnancy absolutely prohibited ([J Watch 1997 Jul 1;17\(13\):103](#))
- thalidomide (Thalomid) 50 mg costs pharmacist \$630 for 84 capsules, special registration of physician and pharmacists required for prescription; adverse effects include teratogenicity even with small doses, peripheral neuropathy (may be irreversible), sedation, constipation, orthostatic hypotension, dry mouth, dry skin, rash, edema, hypothyroidism, neutropenia ([The Medical Letter 1998 Oct 23;40\(1038\):103](#))
- **no convincing evidence of association between aphthous stomatitis and premenstrual period, pregnancy or menopause**; systematic review of reports through 1991 found 1 controlled and 3 uncontrolled trials on use of hormones in aphthous stomatitis, 8 prospective studies, 1 retrospective study on aphthous ulceration and ovarian hormones, and 4 review articles; no methodologically rigorous study has shown therapeutic effect of ovarian hormones on aphthous stomatitis ([Obstet Gynecol 1992 Sep;80\(3 Pt 1\):455](#))

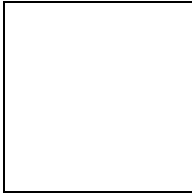
▶ [Prevention and Screening](#)

Prevention:

- avoidance of toothpaste containing sodium lauryl sulfate (SLS) appears to reduce frequency of recurrent aphthous ulcers, but inconsistent results in small trials
 - use of SLS-free toothpaste not helpful in double-blind crossover trial; 47 patients age 10-62 years with recurrent ulcers at least monthly used SLS toothpaste vs. SLS-free toothpaste for 8 weeks each in double-blind crossover trial with 2-week washout periods; no differences in number of ulcer days, pain scores, number of ulcers or number of ulcer episodes ([Oral Dis 1999 Jan;5\(1\):39](#))
 - use of SLS-free toothpaste for 2 months significantly reduced aphthous ulcers compared to SLS-containing toothpaste for 2 months in single-blind crossover trial ([Compend Contin Educ Dent 1997 Dec;18\(12\):1238](#))
 - SLS-containing toothpaste for 6 weeks associated with more frequent aphthous ulcers than cocoamidopropyl betaine-containing toothpaste or detergent-free placebo toothpaste in 3-way crossover trial of 30 patients with recurrent aphthous ulcers ([Acta Odontol Scand 1996 Jun;54\(3\):150](#))
 - SLS-free toothpaste for 3 months associated with 5.1 ulcers compared to 14.3 ulcers for SLS-containing toothpaste in trial of 10 patients with

multiple minor recurrent aphthous ulcers ([Acta Odontol Scand 1994 Oct;52\(5\):257](#))

- systemic therapies reported anecdotally to prevent aphthous ulcers
 - correction of vitamin or mineral deficiencies (B12, folate, zinc, iron)
 - Lactobacillus capsule PO daily reported to reduce frequency of attacks
 - colchicine 0.5-0.6 mg PO once daily



[References including Reviews and Guidelines](#)

General references used:

- [Am Fam Physician 2000 Jul 1;62\(1\):149](#),
- [\(BMJ 2000 Jul 15;321\(7254\):162\)](#)
- in [Am Fam Physician 2000 Dec 1;62\(11\):2429](#)
- Cortlandt Forum 1997 Aug;10(8):89,114-15
- Cortlandt Forum 1996 Feb;9(2):100,96-26
- Cortlandt Forum 1995 Nov 25;8(11):93-15,73
- Cortlandt Forum 1995 Aug;8(8):90-6,80

- review (UK) can be found in [Prodigy Guidance](#)
- review can be found in [N Engl J Med 2006 Jul 13;355\(2\):165](#)
- discussion can be found in [Postgrad Med 2000 Jan;107\(1\):255](#)
- review of common oral lesions (superficial mucosal lesions) can be found in [Am Fam Physician 2007 Feb 15;75\(4\):501 full-text](#), editorial can be found in [Am Fam Physician 2007 Feb 15;75\(4\):475 full-text](#)
- review of recurrent aphthous stomatitis can be found in The Practitioner 2001 Mar;215 ([Am Fam Physician 2001 Sep 15;64\(6\):1092](#))

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