TRAUMATIC ULCER

ETIOLOGY

• Mechanical injury to oral mucosa caused by biting, sharp foods, tooth brushing, ill-fitting dentures (denture ulcer), and iatrogenic injury during the course of dental treatment

• A self-inflicted wound associated with a psychiatric disorder is called a factitious injury

TYPICAL VISUAL CUES

• Typically, a superficial ulcer surrounded with a margin of erythematous mucosa

• The surface is usually covered with a yellow pseudo-membrane

• Larger traumatic ulcers, called traumatic ulcerated granulomas, present as deep-seated ulcers often more than 2 cm in diameter with elevated margins

• Commonly occur on the tongue, lips, and buccal mucosa (biting injury), hard palate (injury from sharp foods), and gingiva and vestibular mucosa (denture-related injury)

• Traumatic ulcerated granulomas occur most often on the lateral tongue

OTHER USEFUL CLINICAL INFORMATION

• Usually painful

• Patient may report a history of traumatic injury

• Superficial traumatic ulcers usually heal within 2 weeks

• Traumatic ulcerated granulomas may persist for a month or longer

Traumatic ulcer on the tip of the tongue caused by biting injury

(From Newland JR, Consultant, 1989, 29:157-73.)

Traumatic ulcers on the buccal mucosa caused by biting injury


Traumatic ulcerated granuloma on the lateral tongue caused by a fractured tooth (the ulcer had been present for more than 2 months)