Topical Treatments for Oral Blistering Diseases

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Statement of Disclosure
I have no actual or potential conflict of interest in relation to this presentation

I will be discussing “off-label” uses of the following FDA-approved medications:

- Magic mouthwash components
  - Topical corticosteroids
  - Injectable corticosteroids
  - Topical tacrolimus
Learning Objectives

• Discuss use of topical treatments for oral blistering diseases

• Discuss side effects of topical treatments for oral blistering diseases
Agenda

• Topical treatments for oral blistering diseases
  – Palliative agents
  – Therapeutic agents

• Side-effects of topical treatments for oral blistering diseases

• FAQs

• Conclusions
Palliative Agents

• Topical anesthetics

• Viscous lidocaine (Xylocaine®) 2%

• Magic Mouthwash
  – Diphenhydramine
  – Aluminum hydroxide
  – Sucralfate
    • +/- lidocaine
    • +/- hydrocortisone
    • +/- nystatin
Therapeutic Agents

• Corticosteroids

• Any of a class of steroids related to those naturally made by the adrenal glands

• Glucocorticoids
  – Glucose + cortex + steroid

• Corticosteroid = Glucocorticoid
Clinical Indications

• Organ transplant rejection
• GI inflammatory diseases
• Connective-tissue disorders
• Collagen vascular diseases
• Asthma
• Sarcoidosis
• Urticaria / angioedema
• Dermatologic conditions
  – Oral blistering diseases
    • Pemphigus vulgaris
    • Mucous membrane pemphigoid
Topical Corticosteroids – Fast Facts

• Most frequently prescribed of all dermatologic drugs

• Effective at reducing the symptoms of inflammation

• Does not address underlying cause of the disease

• Clinical strategy is to optimize potency while minimizing side effects

• Variable formulations

GREATER POTENCY

Clobetasol Propionate
Gel 0.05%
FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE.
Keep this and all medications out of the reach of children.
Rx only

Betamethasone Dipropionate
(Gel (Augmented*), 0.05%
For dermatologic use only. Not for opthalmic use.
Rx only

Fluocinonide
Gel USP, 0.05%
FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE.
Keep this and all medications out of the reach of children.
Rx only

Triamcinolone Acetonide
Dental Paste USP, 0.1%
For topical use in adjunctive treatment of oral lesions.
Keep this and all medications out of the reach of children.
Rx only

LESSER POTENCY
Clinical Considerations – Oral Blistering Diseases

- Initiate lowest potency to sufficiently control disease

- Greater potency formulations ideally used for short periods

- Reduce frequency of application once disease control is partially achieved

- Increased risk for complications
  - Higher potency / concentration
  - Larger surface areas treated

- Consider formulation

- Prevention of oral fungal infection

Common Topical Antifungal Medications
Dexamethasone Oral Rinses

- Solution
- Elixir
- 0.5mg/5ml
- Swish / dwell / expectorate
- Swish / dwell / swallow
Topical Corticosteroids – Side Effects

Atrophic changes
- Steroid atrophy
- Telangiectasia
- Striae
- Purpura
- Stellate pseudoscars
- Ulceration
- Easy bruising

Infections
- Masked microbial infections (tinea incognito)
- Aggravation of cutaneous candidiasis, herpes or demodex
- Reactivation of Kaposi sarcoma
- Granuloma gluteale infantum

Ocular changes
- Ocular hypertension
- Glaucoma, cataract

Pharmacologic effects
- Steroid rebound, steroid addiction
- Tachyphylaxis

Miscellaneous
- Steroid acne
- Perioral dermatitis
- Steroid rosacea
- Hirsutism
- Hyperpigmentation
- Hypopigmentation
- Photosensitization
- Rebound flare (psoriasis)
Tacrolimus

- Ointment 0.1%

- Different mechanism compared to corticosteroids

- Typically does not require use of antifungal medications

- Typically used for recalcitrant oral lesions
Intralesional Steroid Injections

• Triamcinolone acetonide (Kenalog®)
  – 5mg – 40mg/mL
  – 0.5 – 1.0ml per 2cm lesion

• Complications
  – Tissue necrosis
  – Collagen changes
  – Pigment changes

Patient FAQs on Topical Treatments*

• Is it ok to put the medicine(s) in my mouth?
• How do I apply the medicine(s) to my sore(s)?
• How much of the medicine do I apply to my sore(s)?
• How often do I use the medication(s)?
• How long do I wait between use of the medication(s)?
• How long do I wait to eat or drink after using the medication(s)?
• Will the medicine(s) cure my condition?
• What if the medicine(s) don’t work?

* As reported by Oral Medicine Residents
Conclusions

• Topical treatments are effective for management of oral blistering diseases

• Routes of administration
  – Topical / Injectable

• Potential side effects
  – Type / Frequency / Duration

• Patient education

• Routine monitoring