

Objectives: Review the oral examination, Illustrate normal variants

Routine Oral Examination: Organized, Overhead and direct light, be comfortable (clinician and patient)

Recline patient, Stabilize the patient's head, Elevate the patient back, Tilt the head

Pitfalls of the Oral Examination

Moisture alters the appearance of lesions

Use a piece of gauze to dry off the mucosa and hold the tongue and lips

Minor trauma alters the primary morphology

Limited number of reaction patterns

Routine Oral Examination

Extraoral: Head & neck boney structure, face, lymph nodes, thyroid gland, major salivary glands, lips, and angles of the mouth

Intraoral: Lips, vestibule, gingivae, buccal mucosa, palate (soft & hard), uvula, tongue (dorsal & ventral), salivary gland orifices (major & minor), floor of the mouth, and oropharynx

Full Face

Cervical Examination

Lips

Vestibule

Dental Arches

Hard Palate and Maxillary Arch, Nicotinic Stomatitis, Torus Palatinus, Angina Bullosa Hemorrhagica

Oropharynx: Uvula, Palatoglossus fold, Palatine tonsil, Palatopharyngeal fold, Waldeyer's Ring

Kissing Tonsils, Epiglottis

Dorsal Tongue: Fungiform (mushroom-like) Filiform (hair-like) and Circumvallate papillae

Scalloped Tongue

Ventral Tongue, Varix, amalgam tattoo, melanoma

Lateral Tongue

Floor of the Mouth

Most common site of oral cancer

Visual examination requires retraction of the tongue

Palpation - bimanual examination

Lingual Frenum

Fissured Tongue

Cheilitis

Fordyce Spot

Melkersson Rosenthal (Granulomatous Cheilitis)

Mucocele (Retention Cyst) and Ranula (Mucocele in floor of mouth that may plunge through mylohyoid muscle into the neck)

Leukoplakia - Clinical diagnosis that requires histology for confirmation

D/dx: Candidiasis, coated tongue, hairy leukoplakia, verrucous carcinoma, Pachyonychia congenita

Oral Candidosis

D/Dx: Poor oral hygiene, Cotton mouth, Morsicatio buccarum et labiorum, Pseudomembranous candidosis, Oral hairy leukoplakia, Lichen planus,

Antibiotic use, Steroid use (inhaled, topical or systemic), Immune deficiency

Morsicatio Buccarum et Labiorum - trauma

Hairy Leukoplakia - Epstein Barr Virus, asymptomatic, corrugated, white ridges, Lateral border of the tongue > dorsal tongue, ventral tongue, FOM, buccal mucosa, Prognostic for developing AIDS !

Tooth findings -

Tetracycline Staining, Fluorosis, Erosion,

Calculus, Plaque, Radiation Caries