



Self-Inflicted Oral Mucosa Lesion in Non Syndromic, Non-Psychiatric Patient: Management with Pharmacological and Multicomponent Behavioural Intervention-A Case Report

Preetha Anand^{1*} and Lirin Ann Thomas²

¹Department of Oral medicine and Radiology, AIMST University, Malaysia

²Department of Orthodontics, AIMST University, Malaysia

Abstract

Oral Mucosal white lesions have varied appearance among them the most common presentation is white. Though most of the white lesions appear similar to each their identification requires an integrated approach which includes history, clinical examination, and investigations. Clinically the term, “morsicatio mucosae oris”, “morsicatio buccarum” or “morsicatio labiarum” is used for white lesions which are caused by self-inflicted behaviours in the oral cavity; clinical appearance of such lesions depends on the severity of the habit. “Morus” means bite, buccarum or labiarum termed based on their location. Chewing of oral mucosa causes acute mucosal injury which leads to oral traumatic ulcer or Chronic oral mucosal tissue injury which brings morphological changes in the oral mucosa and appears as macerated or shredded greyish white patch caused due to repetitive habitual chewing, biting, or “nibbling” of the teeth over the mucosa. These injuries are clinically termed as “Morcicatio”. This self-mutilated white lesion is noted in adults as well as children and is a feature of syndrome and psychiatric disorder associated with developmental and psychological problems.

OPEN ACCESS

*Correspondence:

Preetha Anand, Department of Oral medicine and Radiology, Senior Lecturer, AIMST University, Semeling, 08100 Bedong, Kedah, Malaysia, E-mail: preetha.anand81@gmail.com

Received Date: 12 Nov 2018

Accepted Date: 27 Nov 2018

Published Date: 29 Nov 2018

Most people are aware of chewing their oral mucosa hence this activity is performed both during awaking as well subconscious hours. The present case is a report of patient with self-inflicted morcicatio lesion wherein patient was well oriented with no underlying psychiatric disorder and reported of being self-indulged in chewing his oral mucosa especially at nights. Hence treatment was directed towards multicomponent behavioural intervention habit reversal HRT along with tablet alprazolam 0.5 mg taken every night for three months. Patient is kept under regular periodic observation. Here is a case report of a patient with self-inflicted oral mucosal lesion with HRT and pharmacological therapy.

Keywords: Self-inflicted; Mucosa chewing; Habitual

Introduction

White lesions of the oral cavity are relatively common finding in dental practice. It is a nonspecific term used to describe an abnormal area of the oral mucosa which, on examination appears whiter than the surrounding tissues and is usually slightly raised, rough or otherwise of a different texture from the adjacent normal mucosa [1-4]. White lesions can be benign or an alarming sign to dentist manifested as a marker of the underlying local or systemic pathology. Self-mutilated white lesions are caused due to behavioural disturbances, wherein it leads to deliberately harm one's own body tissues [5]. Although the exact prevalence in the world population is not known, it affects people regardless of their age, sex or ethnicity. Previous studies have found that most patients were in fifth and sixth decade with highest incidence in second decade. The lesion is most commonly detected on buccal mucosa, cases involving lateral border of the tongue and labial mucosa have also been reported [6]. These Self-mutilated injuries reported in the literature occur due to Organic and Functional disturbances. Organic self-mutilation injuries seen in comatose patients, syndromic patients such as Lesch-Nyhan syndrome, De Lange syndrome, Tourette syndrome, Leigh syndrome, autistic and patients with familial dysautonomia. Functional self-mutilation refers to intentional self-injuring in physically healthy patients without detectable genetic disorders, patients with poorly constructed

Citation:
Anand P, Thomas LA. Self-Inflicted Oral Mucosa Lesion in Non Syndromic, Non-Psychiatric Patient: Management with Pharmacological and Multicomponent Behavioural Intervention-A Case Report. World J Oral Maxillofac Surg. 2018; 1(4): 1016.

Copyright © 2018 Preetha Anand. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Figure 1:



Figure 3:



Figure 2:

prosthetic teeth with teeth placed too far buccally and or labially outside the neutral zone have been reported of being involved in Chronic self-induced chewing of oral mucosa [3,7]. Study conducted by Doval N, Kang SH, Park KC, Sook-Bin Wo have reported cases of morcicatio lesion associated with habitual sucking with the lesion being located on the lateral tongue and buccal mucosa [1,7-9].

Clinically these lesions are characterized with diffuse, poorly demarcated, peeled, thready or shredded oral mucosas which are asymptomatic. Diagnosis and management of self-mutilation injuries is based on thorough medical history, physical examinations, mental status evaluation and psychiatric consultation. It has been reported that this disorder is little known to psychiatrists because patients present largely to dentists [10]. The condition is found among people who are stressed and this act of chewing oral mucosa is recognized as a prodromal period of tension with a feeling of release of tension at the time of the act [8]. Hence Patient's psychological assessment is mandatory and multidisciplinary approach helps to carry out overall management of the affected individual. As the oral lesion is primary frictional in character it has no malignant potential, but must be excluded from other lesions like leukoplakia, candidiasis and oral potentially malignant lesions, carcinoma in situ, squamous cell carcinoma with appropriate investigation [11]. Clinical implication of morcicatio lesions is of mere interest as the lesions are asymptomatic and has no pathological correlation. However these lesions are secondary to existing local, systemic or psychological factor which needs to be addressed. Here is a case report of patient with self-inflicted oral mucosal lesion due to lack of night at night.

Case Report

A 39 years old male patient reported with a chief complaint of

diffuse white patches in the oral cavity. Upon eliciting the history patient revealed that he has the habit of chewing his oral mucosa for the past 2 years, which was developed as an habit initially due to lack of sleep of during night and has involved in vigorous chewing his mucosa which has become habitual throughout the day. Upon examination patient was conscious, oriented in time, place and person and had normal vitals. There were no significant findings on general physical and central nervous system examination. Mental status examination revealed normal psychomotor activity, speech was normal and there was no abnormality in perception and other higher mental functions. Oral examination revealed diffuse white shredded plaques involving labial mucosa, bilateral buccal mucosa with bilateral exaggerated linea Alba refer (Figure 1-3). Upon palpation white plaques were scrapable and non-tender. Based on the above history, findings a provisional diagnosis of morcicatio mucosa oris was given with a differential diagnosis of oral candidiasis. Patient was subjected to KOH and PAS examinations to rule out candida and the results were negative. Patient was referred to psychiatrist to rule out stress related disorder, psychiatrist report revealed normal and patient was advised to administer tablet alprazolam 0.5 mg only at night for three months, and has been advised to follow and practice the five phases of habit reversal therapy which includes (a) awareness training: patient was reminded to keep himself informed that he is actively performing the existing oral habit this self-reminder was to keep himself reminded to reduce the frequency and intensity of the existing habit. (b) Relaxation training: to help in getting relieved the underlying stress. (c) competing response training: patient was advised to engage himself in the other most liked activities whenever he was tempted to perform the tic. (d) Motivation procedures: patient was advised to keep reminders for himself to be informed about the control of habit like phone reminders and also to inform his close family members to keep him informed about the habit. (e) Generalization training: patient was informed to keep himself aware of the triggering situation in his case was lack of sleep hence he was advised to regularize his sleep pattern by administering tablet alparzolem 0.5 mg every night and has been kept under observation. Thorough diagnoses of self-mutilated injuries are essential and for successful management multidisciplinary approach is required.

Discussion

Literature studies have reported that buccal mucosa, teeth and periodontium are the most affected in sleep deprivation patients and diagnosis is based on patient's history, clinical appearance of the existing oral soft and hard tissue finding [12]. Clinically oral mucosal lesion is characterized with bilateral shaggy white lesions. Present

case patient reported that he had lack of sleep and clinical features in the oral mucosal soft tissue were similar to the feature stated in the literature with no finding on teeth and periodontium. It has been reported that occurrence of such self-inflicted habitual oral mucosa lesions are related to personal problems and mental stress [13]. However in the present case medical history was non-contributory were as personal history revealed that he failed to sleep at night which is related to his underlying stress. Management for such lesions requires multidisciplinary approach which involves identification of precipitating factors, reassurance, counselling, relaxation techniques, anxiolytics and different types of prosthetic shields and HRT [14]. Successful treatment is based on patient compliance. For the present case management was directed towards Habit Reversal Training (HRT) this was in accordance with Azrin and Nunn HRT which is a multicomponent behavioural intervention designed to reduce the manifestations of habit-based disorder and administering anxiolytic along with HRT was suggested as alprazolam possess anxiolytic, sedative, hypnotic, skeletal muscle relaxant and antidepressant properties it was found to be beneficial for the present case. Patient was reluctant towards wearing of intra oral occlusal splints hence the treatment modality was restricted to HRT and pharmacological agent.

Conclusion

Management of self-perpetuated habitual mucosal lesion requires identifying the precipitating factor by evaluating thorough history, examination, mental health status assessment. Management is through pharmacological approach, reversal of habit, patient reassurance and compliance.

References

1. Woo BS, Lin D. Morsicatio mucosae Oris-A chronic oral frictional keratosis, Not a Leukoplakia. *J Oral Maxillofac Surg*. 2009;67(1):140-6.
2. Morsicatio buccarum. Wikipedia.
3. Sewerin I. A clinical and epidemiologic study morsicatio buccarum-labiorum. *Scand J Dent Res*. 1971;79(2):73-80.
4. Panath SR, Yadav N, Sangamesh NC, Aggarwal A. White lesions of oral mucosa - a diagnostic dilemma. *J Dent Sci Oral Rehabil*. 2014;31:8-10.
5. Favazza AR. Why patients mutilate themselves. *Hosp Community Psychiatry*. 1989;40(2):137-45.
6. Hilderbrand LC, Carvalho AL, da Rosa EM, Martins MD, Filho MS. Functional oral self-mutilation in physically healthy pediatric patients: Case report and analysis of 27 literature cases. *Int J Pediatr Otorhinolaryngol*. 2011;75(6):880-3.
7. Doval N. *Eur J Med Res*. 2016;3(12):361-2.
8. Kang SH. *Ann Dermatol*. 2012;24(4):455-8.
9. Min WK, Park KC. Morsicatio Labiorum/Linguarum: Three Cases Report and a Review of the Literature. *Korean J Pathol*. 2009;43:174-6.
10. Anura A. Traumatic oral mucosal lesions: a mini review and clinical update. *Oral Health Dent Manag*. 2014;13(2):254-9.
11. Bhatia SK, Goya A, Kapur A. Habitual biting of oral mucosa: A conservative treatment approach. *Contemp Clin Dent*. 2013;4(3):38-9.
12. Arbabi-Kalati F, Bakhshani N, Tahmtan B, Movahedinejad F. Association of Impaired Sleep Quality in Patients With Burning Mouth Syndrome: A Case-Control Study. *Health Scope*. 2015;4(2):23795.
13. Bhatia NK, Bhatia NK, Bhatia MS. Morsicatio buccarum and labiorum with depression. *Int J Dent Health Sci*. 2015;2(6):1639-42.