

## Oral Cavity & Oropharynx

1. **Proliferative Lesions:** Irritation fibroma, ossifying fibroma, pyogenic granuloma, and peripheral giant cell granuloma.

2. **Inflammatory & Infectious Lesions:**

**Ulcers:** Traumatic, aphthous (canker sores), and herpetic.

**Infections:** Herpes simplex, Oral Candidiasis (Thrush—white patches that can be scraped off), and deep fungal infections.

3. **Premalignant Lesions & Tumors:**

**Leukoplakia:** A white patch that cannot be scraped off or clinically diagnosed as another disease. All must be considered precancerous.

**Erythroplakia:** Red, velvety patches. Less common but carries a much higher risk of dysplasia/malignancy than leukoplakia.

**Squamous Cell Carcinoma (SCC):** Accounts for 95% of head and neck cancers; most common in the oral cavity.

**Risk Factors:** Primarily tobacco use; males aged 40–70.

## Esophageal Disorders

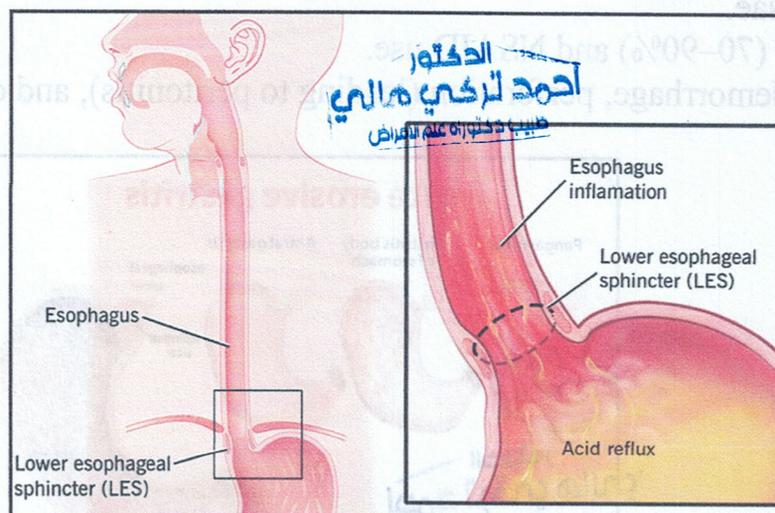
The esophagus serves as a conduit for food. Its pathology is often related to inflammation or structural changes.

### Gastroesophageal Reflux Disease (GERD)

The reflux of gastric acid into the esophagus due to an incompetent lower esophageal sphincter (LES).

Pathology: Can lead to Esophagitis (inflammation).

**Barrett Esophagus:** A complication where the normal squamous epithelium is replaced by metaplastic columnar epithelium. This is a pre-malignant condition for adenocarcinoma.

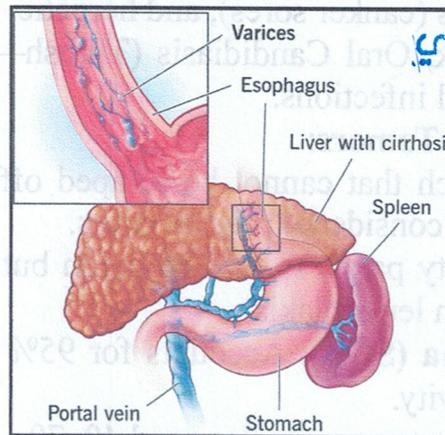


**Dental Significance:** Chronic acid reflux causes Dental Erosion, primarily on the palatal surfaces of the maxillary teeth.

**Esophageal Varices**

Dilated submucosal veins in the lower esophagus, usually secondary to Portal Hypertension (often from liver cirrhosis).

Clinical Risk: These are prone to rupture, leading to massive, life-threatening hematemesis (vomiting blood).



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**Gastric Disorders (The Stomach)****Gastritis**

Inflammation of the gastric mucosa.

**Acute Gastritis:** Often caused by NSAIDs (aspirin, ibuprofen), heavy alcohol consumption, or severe stress.

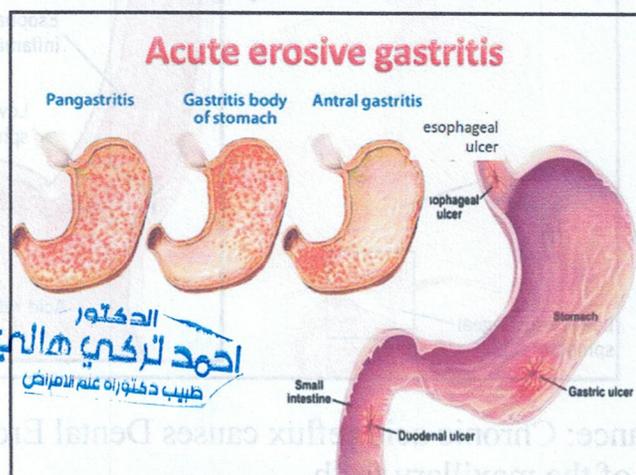
**Chronic Gastritis:** Most commonly caused by *Helicobacter pylori* infection. It increases the risk of peptic ulcers and gastric adenocarcinoma.

**Peptic Ulcer Disease (PUD)**

Breach in the mucosa of the stomach or duodenum that extends through the muscularis mucosae.

Causes: *H. pylori* (70–90%) and NSAID use.

Complications: Hemorrhage, perforation (leading to peritonitis), and obstruction.

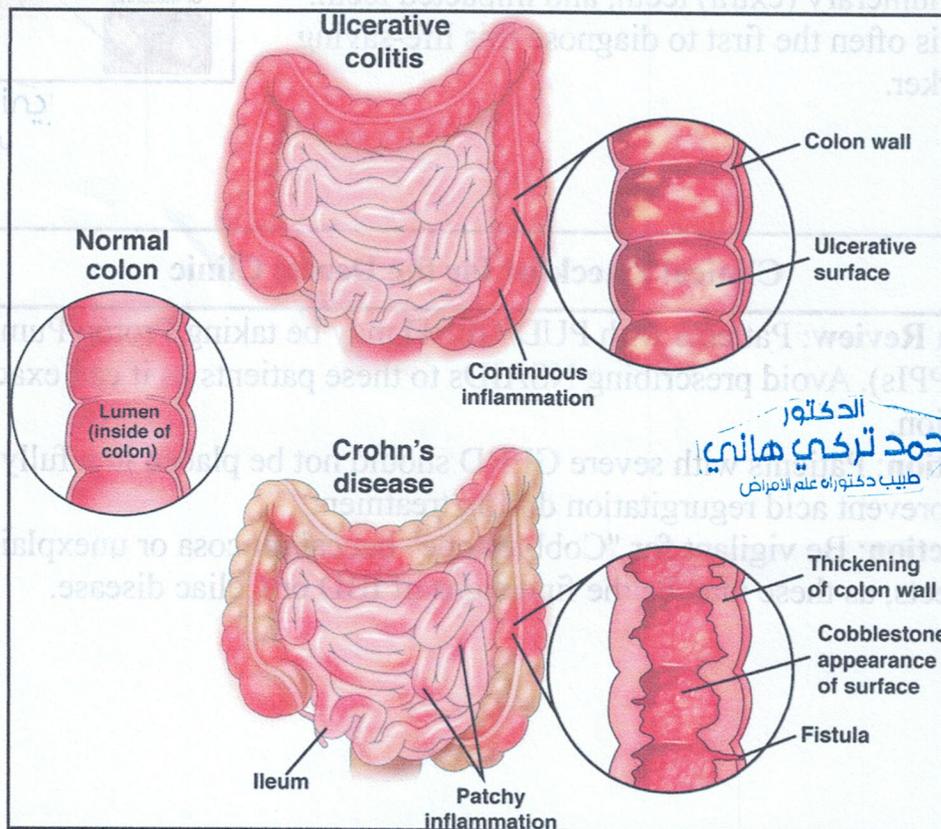


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**Inflammatory Bowel Disease (IBD)**

IBD consists of two distinct chronic, relapsing inflammatory disorders: Crohn's Disease and Ulcerative Colitis.

Feature	Crohn's Disease	Ulcerative Colitis
Location	Any part of GIT (Mouth to Anus)	Limited to Colon and Rectum
Pattern	Segmental ("Skip lesions")	Continuous from rectum upward
Inflammation	Transmural (full thickness)	Mucosal and Submucosal only
Microscopy	Non-caseating Granulomas	Crypt abscesses; No granulomas
Oral Signs	Cobblestone mucosa, deep linear ulcers, orofacial granulomatosis	Rare oral signs (Pyostomatitis vegetans)
Complications	Fissures and Fistulae	Pseudopolyps, extensive ulceration



## Malabsorptive Disorders

### Celiac Disease (Gluten-Sensitive Enteropathy)

An immune-mediated disorder triggered by the ingestion of gluten-containing grains (wheat, barley, rye).

Pathology: Villous atrophy in the small intestine, leading to a massive decrease in surface area for absorption.

Dental Significance: If it occurs during childhood, it can cause Enamel Hypoplasia (pitted or discolored enamel) and recurrent aphthous stomatitis (canker sores).

## Colorectal Pathology

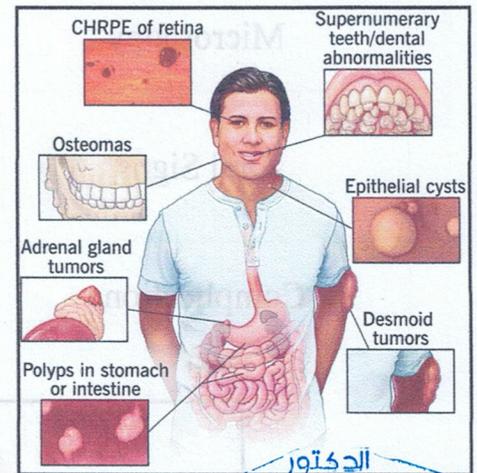
### Colonic Polyps and Cancer

**Adenomatous Polyps:** These are precursors to most colorectal cancers.

**Colorectal Adenocarcinoma:** One of the most common malignancies.

**Gardner Syndrome:** A genetic condition (subtype of FAP) where patients develop thousands of polyps.

Dental Significance: Patients with Gardner Syndrome present with multiple osteomas (bony growths) of the jaws, supernumerary (extra) teeth, and impacted teeth. The dentist is often the first to diagnose this life-saving clinical marker.



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## Clinical Checklist for the Dental Clinic

**Medication Review:** Patients with PUD/GERD may be taking Proton Pump Inhibitors (PPIs). Avoid prescribing NSAIDs to these patients as it can exacerbate their condition.

**Chair Position:** Patients with severe GERD should not be placed in a fully supine position to prevent acid regurgitation during treatment.

**Early Detection:** Be vigilant for "Cobblestone" buccal mucosa or unexplained enamel defects, as these may be the first signs of IBD or Celiac disease.