ORAL DISORDERS ASSOCIATED WITH OCULAR DISEASE—I

The mouth is one of the few parts of the body which is easily examined in the ophthalmic out-patient department, and the recognition of oral abnormalities may help in elucidating the aetiology of certain ocular disorders.

Disorders affecting the Mucous Membranes of the Mouth

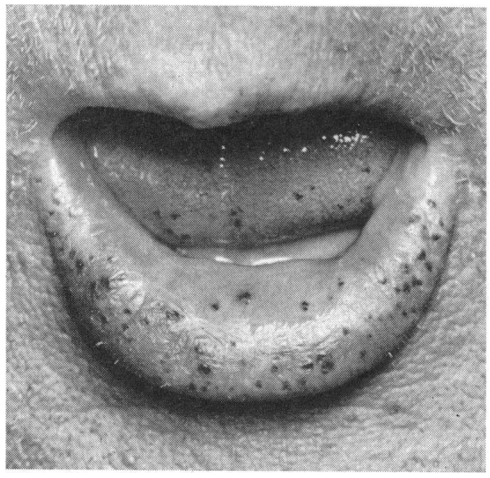

FIG. 1.—Hereditary haemorrhagic telangiectasia.

Hereditary Haemorrhagic Telangiectasia (Rendu-Osler-Weber Syndrome) (Fig. 1)

This familial disease is characterized by multiple capillary and venous dilatations in the skin and mucous membranes giving rise to repeated haemorrhages. The lesions occur most frequently on the face, tongue and lips, and nasal mucosa. The intestinal and urinary mucosa may also be affected and there is a high incidence of pulmonary arterio-venous fistulae.

Oral Manifestations.—Telangiectases may occur on the gums, palate, and buccal mucosa, as well as on the tongue and lips, and bleeding from the mouth is the commonest presenting symptom apart from epistaxis.

Ocular Lesions.—In some cases conjunctival telangiectases are present and these may bleed spontaneously.

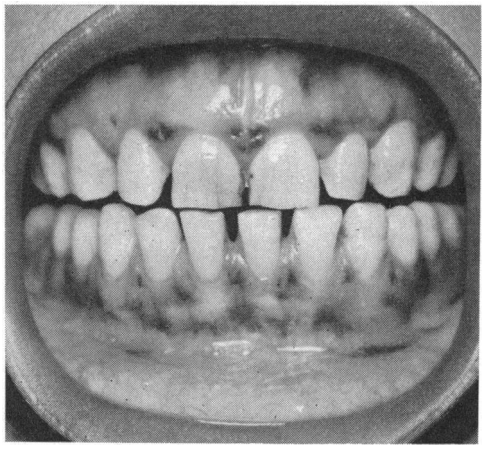

FIG. 2.—Acute lymphatic leukaemia.

The Leukaemias (Fig. 2)

Oral Manifestations.—Acute leukaemia frequently presents with ulcerative stomatitis and spontaneous bleeding from the mucous membranes of the mouth. In chronic leukaemia, haemorrhages occur into the oral mucous membranes while the gums are soft and friable and, in chronic lymphatic leukaemia, markedly hypertrophied.

Ocular Lesions.—In acute leukaemia, spontaneous haemorrhages may occur into the orbit, eyelids, conjunctiva, anterior chamber, and vitreous. In all forms of the disease, a characteristic retinopathy may occur, with distended retinal veins, oedema of the disc, cotton wool exudates, retinal haemorrhages often with pale centres, and a pale orange or greenish fundus reflex. Leukaemic infiltration of the uvea or orbital tissues may occur.

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Erythema Multiforme Exudativum (Stevens-Johnson Syndrome) (Fig. 3)

This disorder is characterized by recurrent papillo-macular or bullous skin eruptions, particularly on the hands and feet, usually following upper respiratory tract infections.

Oral Manifestations.—The mucous membranes of the mouth, particularly the lips, tongue, and gums, are commonly affected. The lesions are shallow erosions formed by the confluence of ruptured bullae, covered by a pseudo-membrane which may be secondarily infected, giving thick incrustations, particularly on the lips.

Ocular Lesions.—The mucous membrane of the conjunctiva is commonly affected, giving a vesicular or, in severe cases, a pseudo-membranous conjunctivitis, organization of which may result in symblepharon.

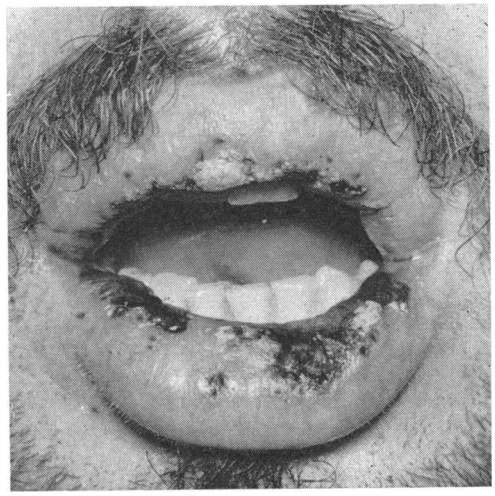

FIG. 3.—Stevens-Johnson syndrome.

Behçet's Syndrome (Fig. 4)

This disorder, occurring most commonly in young Eastern Mediterranean males, is characterized by aphthous stomatitis, genital ulceration, and recurrent bilateral hypopyon uveitis. Skin rashes, thrombophlebitis, arthralgia, and encephalomyelitis may also occur in this relapsing disorder.

Oral Manifestations.—Crops of painful aphthous ulcers, which may antedate the other manifestations of the disorder, occur in all parts of the mouth. These are 2 to 10 mm. in diameter with a yellow-grey base, and are surrounded by a red halo.

Ocular Lesions.—Retinal vasculitis and destructive hypopyon iritis occur early in the disease. Chorio-retinitis and exudative retinal detachment may occur later. If the central nervous system is involved, extra-ocular muscle palsies may occur. The ultimate outlook for vision is poor.

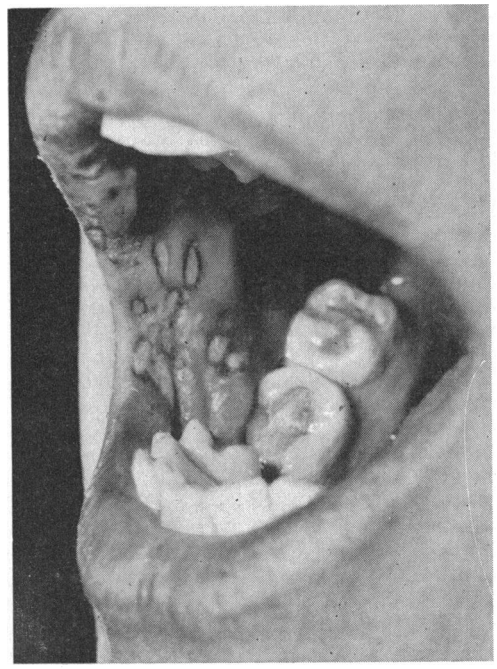

FIG. 4.—Behçet's syndrome.

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