

BÖLÜM 3

ORAL BÖLGEDE GÖRÜLEN BEYAZ LEZYONLAR

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ORAL BÖLGEDE GÖRÜLEN BEYAZ LEZYONLARIN OLUŞUMU

Ağız mukozasında beyaz lezyonlar sıkça görülür (1). Bu beyaz görünüm, kalınlaşmış keratin tabakası, epitelyal hiperplazi, hücre içi epitelyal ödem ve/veya alttaki bağ dokusundaki damarlaşmanın azalması gibi mukoza yüzeyindeki değişikliklerden dolayı oluşan ışık yayılımındaki farklılıklardan kaynaklanır (2,3).

LÖKOÖDEM

Etyolojisi bilinmemekle birlikte, sıkça görülür ve siyah tenli bireylerde daha yaygın olarak rastlanır. Gelişimsel bir durum olarak kabul edilmektedir. Spinoz hücre tabakasında hücreler arası ödem birikimi ile oluşur. Hasta veya diş hekimi genelde tesadüfen farkeder. Yanak mukozasında bilateral olarak grimsi beyaz renkte lezyonlar gözlemlenir (Figür-1). Yanak gerildiğinde bu lezyonların kaybolması, diğer lezyonlardan ayırıcı tanının yapılmasına yardımcı olur. Ayırıcı tanısında hereditör benign intraepitelyal diskeratoz, beyaz süngerimsi nevus, kronik ısırma alışkanlığı, lökoplaki ve liken planus yer alır. Tedaviye gerek yoktur (3,4,5).

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tel sağlamdır. Yerleşim yerleri genellikle bukkal mukoza, dil ve ağız tabanıdır. Tedavisinde eksizyon yapılır (3).



Şekil 18. Lipomun dildeki görüntüsü.

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