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Canker and cold sores

How to identify and treat these common problems. *by Dr. Susan Maples.*

Q: What's the difference between a canker sore and a cold sore and are there ways to avoid them?

A Canker sore, (aka "Aphthous Ulcer") occurs on wet tissue: cheeks, gums, soft palate and the underside of the tongue. It appears as a rounded, flat, white patch with a red border and can last up to two weeks. It is usually painful, especially in what I call "high traffic" areas, where the lips or tongue can rub against it.

Canker sores are fairly common but not contagious. We still haven't identified the root cause so there is little we can do to prevent one. They are often stimulated by trauma, such as a toothbrush jab, cheek biting or food scrape. Treatment is limited to pain relief. The best remedy I have found is a dab of *tincture of benzoin* applied with a q-tip. It stings for a few seconds and ahhh....relief! Then, dab it with Orabase B,--an ointment that forms a protective coating. Both products are over-the-counter. Benzoin is contraindicated for patients with an iodine allergy. Ask your pharmacist if you can't find it on the shelf.

A Cold sore usually occurs on the lip, or wherever it is first contracted from another person. It is caused from the virus *Herpes Simplex II* which is highly contagious. This sore is first noticeable as a tingling or itching sensation and soon morphs into the vesicle (blister) stage. At the start, patients might notice swollen lymph nodes and/or fever. The tiny blisters then rupture into an open sore and eventually form a scab—about two weeks start to finish.

Herpes is highly contagious. From the first tingling sensation, one must be careful not to share drinking glasses, straws, forks, smooches etc. Once you have experienced a single cold sore, the virus is yours to keep. It stores itself in the ganglion (or base) of the nerve and is opportunistic in nature. A cold sore erupts when your immune resistance is low, such as when you are sick with a cold (hence the name "cold sore") or experience another insult, such as a sunburn or scrape.

There is no known cure for this virus and historically we have only treated the soreness. In the past decade we shifted to antiviral medications such as acyclovir (Zovirax) and valacyclovir (Valtrex). Taken as directed, these can help decrease the size and duration of a lesion. They are prescription medications (capsules and ointments) and are most effective when taken orally, again from the first tingling.

One last and important reminder: If you notice any oral lesion that remains unhealed beyond two weeks, it's worth a little biopsy. Preventing the advancement of oral cancer is our personal responsibility.