



Cold sores and mouth ulcers

Yolanda Moroney

Introduction

Cold sores and mouth ulcers are conditions which are both associated with the mouth, but should not be confused. Cold sores often start with a tingling, itching or burning sensation around the mouth. Small fluid-filled blisters then appear, usually on the edges of the lower lip. Mouth ulcers present as painful sores within the mouth. Both conditions are self-limiting and may resolve on their own within a week or two.

More about cold sores

Cold sores are usually caused by the herpes simplex virus type 1 (HSV-1). This virus can easily be transmitted from person-to-person by direct close contact. It passes through the skin and travels up the nerves, where it lies inactive until it is triggered at a later date.

Triggers which can reactivate the virus include infections such as respiratory infections, fever, damage to the skin, menstruation, and sunlight. Emotional and physical stress are also known to be triggers.

In some cases, cold sores can be caused by the herpes simplex virus type 2 (HSV-2) which is generally associated with genital herpes. Both virus types can affect the mouth or genitals and can be transmitted by having oral sex.

Symptoms

Cold sores usually appear on the lips or face and are extremely painful. Characteristic symptoms of discomfort, tingling or irritation may occur on the skin for 6–24 hours before the appearance of the cold sore. This is followed by the development of minute blisters on inflamed, red skin. About

four days later, the blisters will have broken down to produce a raw area with exudation and crusting. Most lesions will have healed about a week later. However, in some cases the condition tends to be recurrent.

Management

Cold sores can be treated with topical antiviral creams, such as, aciclovir. These agents can reduce the healing time and, for best effect, it is important to start topical antiviral treatment as soon as the first signs of tingling or itching appear. It is important that patients who suffer recurrent attacks should be informed of this.

Keeping the cold sore moist will prevent drying and cracking. A simple cream, perhaps containing an antiseptic, may prove helpful.

Oral analgesics such as paracetamol and ibuprofen may be used to relieve pain caused by cold sores.

Prevention

Since HSV-1 is transmitted by direct contact, patients should wash their hands after applying treatment to the cold sore.

Cutlery, towels, toothbrushes or face cloths should not be shared until the cold sore has healed.

Having oral sex with someone who has a cold sore should be avoided.

Sunscreen creams may be applied to and around the lips when patients are subjected to increased sunlight.

Seek medical attention if:

- The condition has lasted longer than two weeks in spite of appropriate treatment.
- The patient is immunocompromised.
- Lesions affect the eye or are inside the mouth.

More about mouth ulcers

Mouth ulcers are painful sores which appear in the mouth.

They occur commonly and are usually self-limiting. They may be recurrent and can occasionally be symptoms of a more serious disease.

There are three kinds of mouth ulcers:

- **Minor aphthous ulcers** are the most common. They usually occur in crops of one to five, are about 5 mm in diameter, and present as a white or yellowish centre with an inflamed red outer edge. They are often on the tongue margin and inside the lips and cheeks, and last from 5 to 14 days.
- **Major aphthous ulcers** are uncommon large, severe forms of the minor type, and affect the lips, cheeks, tongue, pharynx and palate.
- **Herpetiform ulcers** are numerous, small, and may also involve the floor of the mouth and gums.

The pain associated with major and herpetiform mouth ulcers is particularly severe and may mean that the patient finds it difficult to eat.

Causes

Mouth ulcers may be caused by:

- Damage to the lining inside of the mouth such as accidentally biting the inside of one's cheek, poorly fitting dentures, or a sharp tooth or filling.
- Some medical conditions including viral infections such as the cold sore virus and chicken pox.
- Certain digestive diseases such as coeliac disease or Crohn's disease.
- A compromised immune system.
- Deficiency of certain nutrients such as iron or vitamin B12.
- Medications such as ibuprofen, or treatments such as chemotherapy.
- Other factors include stress and anxiety, hormonal changes, eating certain foods such as chocolate, spicy foods, peanuts, strawberries, cheese, tomatoes.

Management

Management of mouth ulcers should aim at determining and eliminating their cause. Should this not be successful, a variety of topical agents may be used for the symptomatic relief of mouth ulcers. These are available over-the-counter (OTC) as solutions, sprays, or lozenges, and include:

- **Antimicrobial agents** including chlorhexidine or povidone-iodine mouthwash which may accelerate healing and prevent secondary infections of the lesions.
- **Topical analgesics** such as benzydamine, which may be used either alone for topical analgesia, or in combination with the anti-infective chlorhexidine. Choline salicylate gel may be used to relieve pain, but excessive use should be avoided. This agent is unsuitable for children under 16 years of age.
- **Local anaesthetics** such as benzocaine and lidocaine are contained in several preparations. These products should be used sparingly and should not be used for children under the age of two years.

It is important that when considering OTC treatment for either **cold sores or mouth ulcers**, due attention should be given to the recommendations of the manufacturer.

Consult a doctor if:

- The mouth ulcer has lasted three weeks or more, or causes severe pain.
- The condition keeps recurring.
- The mouth ulcer becomes more painful or red.
- There is associated weight loss.

Conclusion

Although cold sores and mouth ulcers are uncomfortable, they are generally self-limiting and symptoms can be managed with OTC medication. A doctor should be consulted if either of these conditions does not clear up after appropriate treatment.

Bibliography

1. NHS inform. Cold sore. NHS24 [homepage on the Internet]. [updated 09 July 2019, accessed 17 Jan 2020]. Available from: <https://www.nhsinform.scot/illnesses-and-conditions/mouth/cold-sore>
2. NHS inform. Mouth ulcer. NHS24 [homepage on the Internet]. [Updated 18 Nov 2019, accessed 17 Jan 2017] Available from: <https://www.nhsinform.scot/illnesses-and-conditions/mouth/mouth-ulcer>
3. Blenkinsopp A, Paxton P, Blenkinsopp J. Symptoms in the pharmacy: a guide to the management of common illness. 6th ed. New York:Wiley Blackwell,2009.
4. Rossiter D, editor. South African Medicines Formulary. 12th edition. Cape Town: Health and Medical Publishing Group, 2016.
5. Moroney Y. Managing fever blisters in the pharmacy. SAPA Autumn 2016; 16(4):19-20.
6. Moroney Y. Oral ulcers. SAPA Winter 2016:16(2);26-27.