

# COLOR ATLAS

OF THE DIAGNOSIS OF ORAL MUCOSAL DISEASES

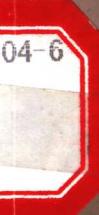
口腔粘膜病诊断学

# 彩色图谱

主编  
Editor-in-Chief

郑际烈  
ZhengJiLie

南京出版社



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**主 编 郑际烈**

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## 前　　言

口腔粘膜病的临床诊断主要以口腔粘膜损害的特征为基础。彩色图谱一般能真实反映口腔粘膜病的本来面目，图象逼真，色泽鲜明自然，能给读者一个深刻的感性认识或一个初步的诊断。

临床医师在临床诊疗中见到的口腔粘膜损害，大量的是常见、多发病，其中有些是具有典型症状，有些却不具典型症状，这对诊断造成一定的困难。因此，本图谱编排以常见病多发病为主，并列入一些不典型症状的病例，以资借鉴。这是本图谱第一个特点。

本书的第二特点是图谱目录分类是根据“口腔粘膜病诊断学”（郑际烈著）为蓝本，即完全以“异病同症”为逻辑思维方法，作纯形态分类进行编纂，便于读者“按症查病”。

本图谱的第三特点是图文并茂，以图为主，辅以简要文字表达该病的性质，症状及治疗要点，有利于读者较全面认识该病。

全册共分 17 章，约 190 余种疾病 368 张图片。每一章汇集一种相似的症状图片，如溃疡、糜烂、水疱、红色损害、白色损害、假膜、丘疹疣状、乳头状、结节、肉芽、隆起肿物、瘢痕、舌部、唇部与牙龈损害；苔藓样病与癌前病变、癌早期症状专题立章，便于鉴别。这种分类可能将某一疾病的症状全过程分割开来，例如寻常性天疱疮，笔者将早期小水疱—大疱—糜烂—溃疡—假膜或瘢痕的每一损害分别列入各相应章节中；又如扁平苔藓可分成白色损害、溃疡、糜烂、红斑、大疱及萎缩等。这种分类看起来无系统性，无整体性，但符合临床逻辑与规律，可以提高对疾病诊断与鉴别诊断水平。

本图谱的图片均为我们多年来临床诊疗中拍摄，从 800 多张图片中精选编辑而成，在拍摄与整理工作上得到本科护师石小新的协助。

有关各病的病理像因限于篇幅，未能收入。

本图谱适于医学院学生、基层医务人员、口腔粘膜病专业医师临床及教学培训参阅。也可满足不同层次读者的需要。

“口腔粘膜病诊断学彩色图谱”的编辑出版，限于水平，存在不足或错误之处，恳请读者批评指正。

郑际烈

二〇〇二年七月一日

南京

## Preface

The clinical diagnosis of oral mucosa diseases is based on specificity of oral mucosa lesions. High-quality color illustrations of the lesions will be extremely helpful for those who are studying or attempting to diagnose these diseases by providing visual reinforcement of the written words.

Most oral mucosa lesions encountered in clinical diagnosis are common oral mucosa diseases. Some of them have typical symptoms, but some of them do not, which makes diagnosis somehow difficult. The first feature of this atlas is that it is mostly based on more commonly encountered oral diseases but also includes some diseases with untypical symptoms.

As a second feature, this book is organized according to another book “Diagnosis of Oral Mucosal Diseases” by the same author, in which different diseases with similar symptoms are grouped together, to facilitate the construction of a differential diagnosis.

The third feature of the book is that in order to help the reader to have a comprehensive understanding of the diseases, the illustrations are accompanied by text descriptions providing an overview of the diseases, including characteristics, diagnosis and therapy.

The book has 17 chapters, includes around 190 types of diseases, 368 color illustrations. Each chapter contains illustrations of diseases with similar clinical appearances to aid differential diagnosis. For example, ulcers are grouped together, as are exfoliation and erosion, vesiculo-bullous lesions, red lesions, white lesions, pseudomembranous lesions, papular, verrucifom, papillary, nodular lesions, granulomatous, elevated tumor, scar lesions, lingual lesions, labial lesions, gingival lesions and disturbance pigmentation, etc. In addition, some confusingly similar clinical disorders, e.g. red and white lesions, lichenoid disorder, precancerous lesions, initial cancer symptom, are grouped separately in different chapters for easy identification. This kind of grouping may break up the complete phase of a disease, for example, pemphigus vulgaris is divided into different phases—vesicle, bullous, erosion, pseudomembranous, ulcer, and grouped into separate chapters. As another example, OLP(oral linchen planus) can be break up into plaque, erosion, erythroplakia, bullous and atrophy, and so on. Grouping them like this seems chaotic at first, but it's actually more logical from clinic's perspective and will improve the diagnosis.

All the illustrations in this book are carefully selected from more than 800 pictures collected and taken by the authors during many years of clinical practice. The author would like to give a special thank to our colleague Shi Xiaoxin for her assistance during this process.

It is hoped that this book will be useful to dental students, clinical physicians, oral disease physicians and other interested readers as clinical reference teaching and training material.

The authors and publisher have made efforts to the best of their ability to verify information in this book. Please let us know about any a few omissions or errors you find as well as your suggestions for future editions.

July 2002

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# 第一章 口腔粘膜溃疡

## Ulcerative Conditions

### ■ 急性浅表性溃疡 Acute superficial ulcers



图 1-1 急性口疮 Acute aphthae

发病特点是无复发史,单个性椭圆形、边缘有明显红晕的浅表溃疡(如图),疼痛明显,一般于7~14天自然愈合。可用溃疡膜或激光治疗。



图 1-2 复发性口疮 Recurrent aphthous ulcer, RAU

有复发史,初发年龄可在幼儿时期。普通型 RAU 常无全身症状。好发于角化较差的粘膜区域。溃疡特点与急性口疮同。图示上唇典型 RAU。可试用雷公藤多甙、反应停或中医药治疗。



图 1-3

图 1-3、1-4 白塞病 Behcet's disease

本病属自身免疫疾病,血管炎是其基本病理变化。典型症状为口腔与生殖器阿弗他,皮肤结节性红斑,毛囊炎样皮疹(如图)及眼症状,有复发病史及全身相应症状。皮肤针刺反应阳性。可选用雷公藤多甙,活血化瘀药。



图 1-4

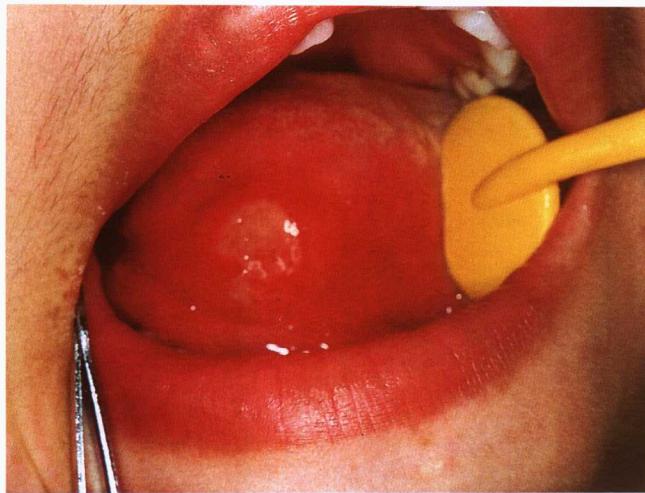


图 1-5 创伤性口疮 Truamatic aphthae

常因物理性创伤所致。图为右舌腹部圆形或长形浅表溃疡，边缘整齐，轻度红晕，无复发史。可对症治疗。



图 1-6 克罗恩病 Crohn's disease

病因不明，可能与病毒感染、免疫反应有关，有遗传因素。好发于 15~35 岁，有明显的炎症性肠病症状。图示腮部出现非特征性口疮样溃疡，中央微突起，边缘增生及充血。无特效疗法，一般采用支持疗法。



图 1-7 肠外表现

The manifestation of intestinal in oral mucosa

因肠病引起口腔溃疡，以肠吸收障碍为主。图为右舌缘呈肉芽状突起的椭圆形口疮样溃疡，周围片状充血。应以全身肠病治疗为主。

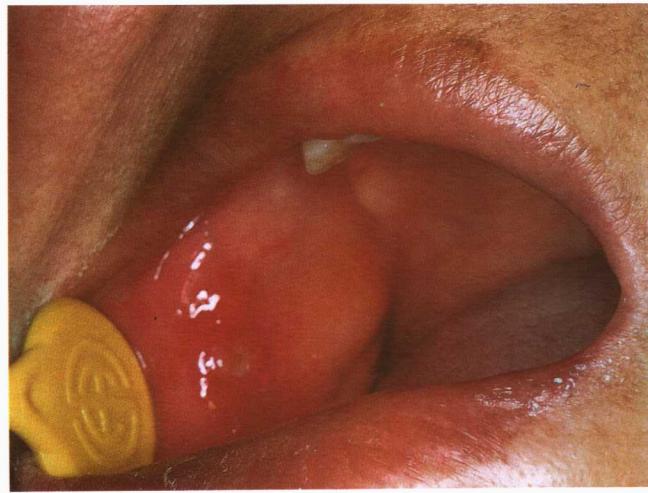


图 1-8 肝外表现

The manifestation of hepatic disease in oral mucosa

乙型病毒性肝炎病人，血清学检查 HBsAg 等指标强阳性 1 年余，RAU 史 1 年，频繁复发。伴有食欲差，全身无力等全身症状。图为右颊粘膜较大的 RAU。此例应重点作乙肝治疗。



图 1-9 血疱性溃疡(急性期) Hemovesiculate ulcer

病因不明。血疱破裂后,形成单个性圆形片状浅表溃疡,边缘不整齐,表面有出血点,轻触之出血。多见于软腭区(见图),次为两颊粘膜。可用溃疡膜保护。



图 1-10 复发性口疮(疱疹样) RAU,herpetiform

早发于 1~3 岁幼儿,有全身感染因素及先驱症状,口腔出现散在多发性口疮,数目可达十几个至几十个(如图),大小 1~2mm,7~10 天后愈合。治疗以中药清热解毒为主。成人选用反应停。



图 1-11 复发性口疮(疱疹样) RAU,herpetiform

图示一例 RAU 的上下唇内粘膜呈极密集的数百个极小的、似疱疹性口炎。



图 1-12 原发性疱疹性口炎

Primary herpetic stomatitis

图示龈缘、舌部、下唇散在性成丛集,小水疱融合成片状浅表溃疡,舌厚白苔及菌状乳头充血。抗病毒治疗。



图 1-13 手足口病 Hand-foot-and-mouth disease

多见 4 岁以下幼儿,于手足及口腔出现红斑及水疱(见图)。手掌,足部呈斑疹、水疱疹合并成较大溃疡。无特效抗病毒药,可局部对症治疗。

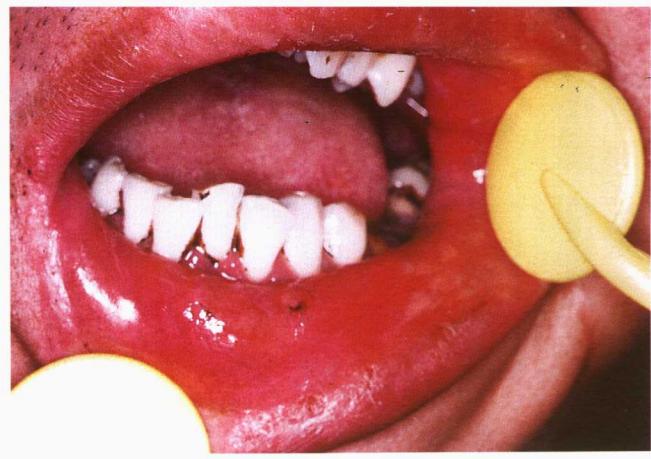


图 1-14 淋球菌性口炎 Gonorrhoeal stomatitis

本病属性传播疾病。早期可有尿道炎及关节炎症。本例出现边缘不齐的浅表性溃疡面,多形性,周围红斑充血水肿。选用青霉素治疗。



图 1-15

图 1-15、1-16 巨细胞病毒感染性口炎 Cytomegalovirus stomatitis

CMV 感染可累及任何组织器官。口腔、舌(图 1-15)、硬腭(图 1-16)呈复发性口疮样溃疡,散在性伴充血斑,可试用阿昔洛韦。

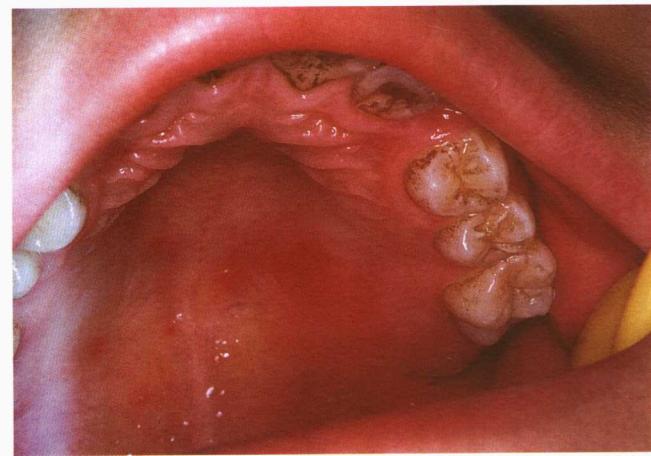


图 1-16

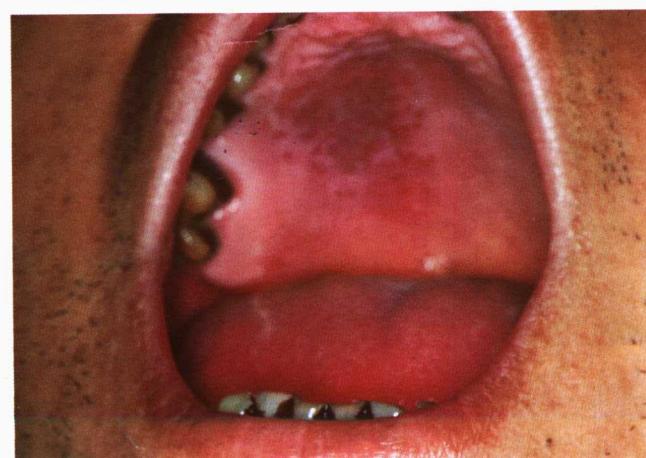


图 1-17 腭部血疱溃疡 Hemovesiculate ulcer of palate

本例系烫伤致硬腭大水疱破裂后,撕下疱膜呈现密集浅表小溃疡。

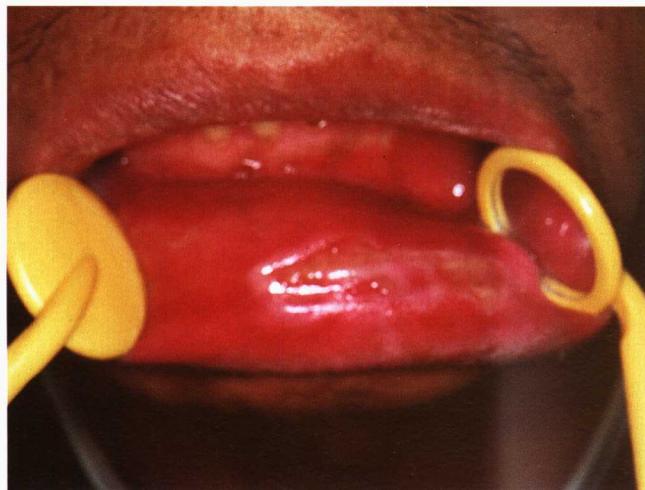


图 1-18



图 1-19

图 1-18、1-19 梅毒粘膜斑( 溃疡性 ) Secondary syphilis,mucous patches

图 1-18 示下唇粘膜浅在性形态不规则溃疡面,周围灰白色半透明假膜,微突起,不易擦去,周界清楚,略有浸润。图 1-19 为另一例舌部粘膜斑,梅毒血清 TPHA,RPR 阳性。首选青霉素、红霉素或四环素治疗。

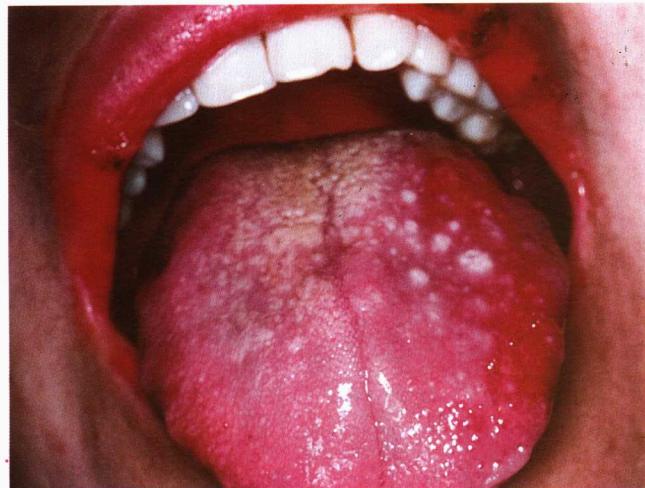


图 1-20 糖尿病粘膜反应 Diabetic mucosal reaction

本例为未控制血糖的病人,口腔粘膜失去正常红润,易产生浅表溃疡或“阿弗他”口炎。病人有口干口渴,干燥灼热感。应保护牙周及粘膜功能。



图 1-21 多形红斑 Erythema multiform

本例多形红斑具有全身症状及皮肤红斑、红丘疹、虹膜状红斑。口唇、舌呈红斑性大疱,融合成多形性浅表糜烂溃疡,充血水肿明显,唇部以血痴为其特征。用红霉素及皮质激素治疗。口腔用雾化疗法。



图 1-22



图 1-23

图 1-22、1-23 重型多形红斑 Stevens-Johnson syndrome

本例病人全身症状急骤与重笃。皮损为斑疹,红疹,水疱和大疱,或血疱,尼氏征阳性。全身粘膜损害较皮损严重,口腔广泛性大片糜烂和假膜坏死,以唇舌颊粘膜为重,口唇弥漫性重叠血痂为特征(近拍)。需急症住院抗炎,抗渗出、支持疗法。口腔重点护理。

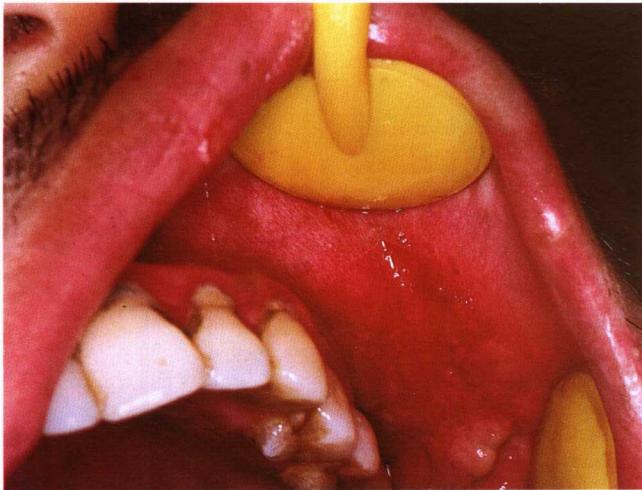


图 1-24 药物变态反应性口炎

Drug allergic stomatitis

图示因服用止痛药所致药物过敏性口炎。可见左颊粘膜充血,多个水疱破溃后形成不规则浅表溃疡,呈片状,易出血,疼痛。

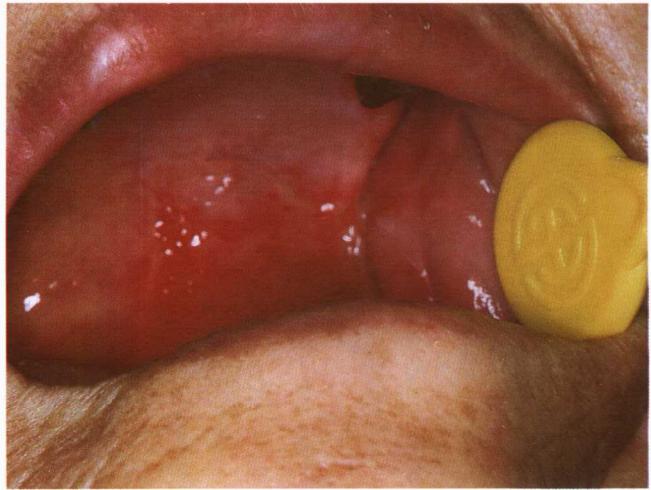


图 1-25 腭部带状疱疹 Herpes zoster of palate

图示左软腭未越中线的广泛浅表溃疡,病人伴有左口颊、下颌左耳前皮肤疱疹,明显疼痛达 3 周。

### ■ 慢性浅表性溃疡 Chronic superficial ulcers

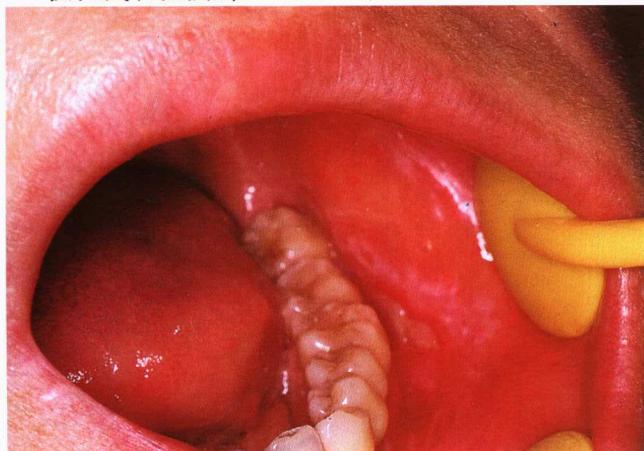


图 1-26 扁平苔藓 Lichen planus,LP

图示左颊粘膜于斑纹的基础上发生浅表溃疡,形态不一。溃疡可1~2周,愈合后可复发,如数月不愈,应作病理检查。



图 1-27 白斑 leukoplakia,LK

图示舌腹区,在广泛白斑中可出现小片状浅表溃疡,或在增厚的白斑上发生溃疡,轻度疼痛。其恶变率极高。病理:白斑——上皮中度异常增生。



图 1-28 癌前病变 Precancerous lesions

图示舌背部持续2个月以上的固定性浅表溃疡,形状不规则,无浸润,表面平滑鲜红面。病理:慢性炎伴上皮轻度异常增生。应作抗癌前病变治疗。

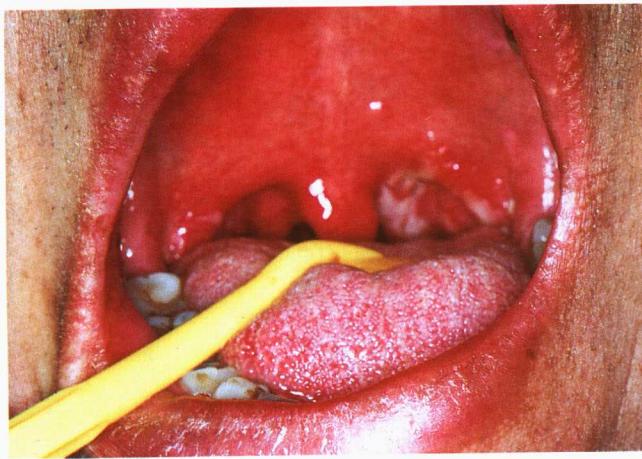


图 1-29 寻常性天疱疮(急性期) Pemphigus Vulgaris

图示水疱破溃后,创面覆以破碎薄膜卷缩于溃疡周围,于溃疡边缘正常粘膜剥离时,类似剥洋葱皮,使创面扩大,称“揭疱壁”阳性,对诊断有重要意义。治疗:早期足量足程选用泼尼松口服。



图 1-30 创伤性溃疡 Traumatic ulcer

图示男11岁,右舌背大范围浅表溃疡一个月,溃疡面呈淡黄色翳薄假膜,表面光滑。因经常用牙磨擦所致。经纠正不良习惯,局部应用溃疡膜剂于1周后逐渐愈合。