PEDIATRIC SOFT TISSUE ORAL LESIONS: A REVIEW

Abstract

The oral cavity serves as a reflection of a person's overall well-being at every stage of life. In children, various mucosal abnormalities may present, necessitating a classification system based on lesion size, color, and location. Dental surgeons play a key role in diagnosing and managing these lesions, and the implementation of a systematic classification aids in improving clinical decision-making and patient care. While previous studies have predominantly focused on oral mucosal lesions in adults, there is a significant gap in research regarding such conditions in pediatric populations. This study aims to address this gap by examining benign oral mucosal lesions and conditions affecting young individuals. It gives an overview of categorization with a focus on facilitating accurate diagnosis and effective management. A comprehensive medical history and clinical examination are crucial in understanding the etiology and implications of these lesions in pediatric patients, ultimately contributing to more effective treatment strategies.

Keywords: Children, Oral Mucosal Lesions, Ulcers, Neoplastic, Benign, Diagnosis, Classification, Pediatric Oral Health.

Introduction

An infant's mucous membrane should appear red, soft, damp and lustrous , with upper surface of tongue being soft and smooth and the tongue frenum long enough to allow normal tongue movements. Oral mucosal lesions in children may manifest as modification to the hue, dimension and form of typical oral structures which can cause pain and discomfort or be entirely asymptomatic[1,2]. Lesions such as linea alba or leukoedema, which are benign and asymptomatic, may cause unnecessary parental concern due to a lack of awareness. Therefore, the knowledge and skills of dental professionals are crucial in reassuring parents and explaining the benign nature of these conditions[1,3]. Congenital anomalies, such as ankyloglossia, may pose challenges for parents, especially when they interfere with feeding or speech development[1,4]. Early recognition of developmental anomalies is essential, as some may predispose children to complications, including infections, or be indicative of systemic conditions such as Down syndrome, which is often associated with a fissured tongue[2,5]. Additionally, many hereditary conditions first manifest through oral signs, which can facilitate early diagnosis and intervention[1,6].

Benign tumors, such as fibromas, hemangiomas, and lymphangiomas, are common in the oral cavities of newborns and young children[1,2]. Traumatic lesions, including mucoceles and ranulas, may result in swelling that requires surgical treatment[2,7]. These lesions can be further classified into thermal, mechanical, or chemical injuries, and management should focus on promoting healing and preventing complications like infections[1,8].Apthous stomatitis commonly seen in young individuals , can disrupt normal feeding, swallowing, and speech[9]. This analysis delivers outline frequent oral mucosal lesions in pediatric patients to aid with prompt identification and mangement, as well as discuss less common changes that may signal systemic issues requiring a multidisciplinary approach.

A study conducted in Italy involving 10,128 children aged 0-12 years found that 28.9% of the children had oral mucosal lesions, with oral candidiasis being the most common (28.4%), followed by traumatic lesions (17.8%). Erythema multiforme, the least common lesion, accounted for 0.9% of cases. The study also highlighted that mucosal lesions found often prevalent in children with systemic diseases compared to healthy children[10].

Classification of oral lesions

Hereditary oral lesions 1.Leukoedema 2.White sponge nevus 3.Peutz-jeghers syndrome 4.Neurofibromatosis type 1
Infectious oral lesion 1.Candidiasis 2.Mucous patches 3.Herpes-induced stomatitis
Reactive \ Inflammatory oral lesion 1.Linea alba 2.Frictional keratosis 3.mucosal biting 4 Chemical injuries 5.Angular cheilitis 6.Median rhomboid glossitis
Autoimmune 1.Oral lichen planus
Congenital anomalies 1.Ankyloglossia 2.Congenital epulis 3.Melanocytic nevus
Benign Tumors 1.Fibroma 2.Hemangioma 3. Lymphangioma

Traumatic lesions 1.Mucocele 2. Ranula
Miscellaneous lesion 1.Recurrent aphthous lesion 2.COVID19 infection 3.Geographic tongue 4.Fissured tongue 5.Retrocuspid papilla 6.Petechiae, Purpura, Ecchymosis

Pediatric soft tissue lesion

It can present as stomatitis , ulcers, changes in color /dimension , or distortions of integrity of oral mucosa [11]. This overview focuses on the conditions that affect kids .

1.Physiological Structures

Variations in the mouth that typically do not require any treatment because they are not harmful. However, it is important to ensure they are not mistakenly diagnosed as pathological lesions[12].

1.1 Linea Alba

Linea alba is a benign condition commonly found on the buccal mucosa, extending from commissural region to retromolar region[12]. Clinically seen as a white line and typically located at the level of the occlusal surfaces[1,3,12]. The lesion may appear unilaterally or bilaterally[3]. This condition doesn't need any treatment[1,12].

1.2 Leukoedema

Leukoedema is a common, benign, and symptom-free condition of the oral mucosa, regarded as a normal anatomical variation[3,10,13]. It typically presents as a whitish lesion, which can appear either bilateral or unilateral on the buccal mucosa[1,13]. The exact cause is not known , but it commonly observed in African Americans and adult males[1,3,12]. Clinically, it is characterized by diffuse white patches and disappear when the mucosa is stretched[12]. As it is benign and asymptomatic, no treatment is required[1,12].

2. Congenital Anomalies

These are generally benign conditions that can impact a kid's behavior or appearance. These anomalies should be monitored due to their potential effects on the child's quality of life and should be accurately

diagnosed, especially since certain lesions, such as nevi, may have a potential for malignant transformation[1,2].

2.1 Ankyloglossia

Ankyloglossia, commonly known as tongue-tie, is a congenital condition characterized by an abnormally short lingual frenulum, which significantly restricts the mobility of the tongue[1,4,12,14-16]. When the child attempts to elevate the tongue, a heart-shaped invagination forms at the tip. In newborns, a short frenulum may be present without causing functional problems but can become an issue as the child grows[15,17]. The position and attachment of the lingual frenulum can vary, so it is important to focus on functional limitations rather than solely anatomical differences when diagnosing ankyloglossia[2,4,18].

If the child is able to lick their lower lip, there are typically no functional impairments, and treatment is not necessary[2,14,18]. However, more severe cases of ankyloglossia can lead to difficulties with breastfeeding in infancy and may impair speech development later on[4,12,16-18]. In such cases, frenectomy is often recommended. If speech issues are present, additional treatment with a speech therapist may be necessary to address phonatory difficulties[2,12,15,16].

2.2 Congenital Epulis

known as the granular cell tumor[19-21], is a rare and benign lesion and may even be present at birth. It is more common in female [20 ,23] and is most often localized on the alveolar ridge of the upper jaw, although it can also occur in the mandible[19,22].

Congenital epulis presents as a pedunculated nodule that matches the color of the surrounding mucosa[21,23]. The lesion is elastic, smooth, and generally about 10 mm in diameter. Interestingly, it does not grow proportionally with the child but instead remains the same size over time, often appearing smaller upon follow-up visits. The preferred is surgical excision. [19,22,23].

2.3 Melanocytic Nevus

It is a pigmented lesion of the mucosa caused by an accumulation of pigment-producing cells known as melanocytes[4,17,24]. These nevi can be congenital or may develop at any point during an individual's life[4,17,24,25]. The histological type of a melanocytic nevus is crucial for determining its diagnosis, and it can be classified into several types[1]:

1. **Junctional Nevus**: Characterized by the proliferation of melanocytes near blood vessels and nerves, typically located in the epithelium. This type of nevus is confined to the superficial layers of the mucosa[1,26].
2. **Compound Nevus**: In this type, melanocytes proliferate in both the epithelium and the underlying connective tissue[26].

3. **Intradermal/Intramucosal Nevus**: situated deep within the lamina propria and do not make contact with the basal membrane. These lesions are typically dome-shaped, light brown in color, and are most commonly found on the gums, lips, or buccal mucosa.[,26].

4. **Blue Nevus**: This type of nevus arises from the proliferation of elongated melanocytes located deep within the lamina propria, well away from the epithelium. Blue nevi are most commonly found on the hard palate and can be further classified into[1,27]:

- Atypical Blue Nevus
- Locally Aggressive Blue Nevus
- Congenital Large Melanocytic Nevus with Nodular Growth

1. **Other Types**: Other melanocytic nevi include mixed nevus and Spitz nevus, which can be located on the palate or tongue.
2. **Congenital Melanotic Nevus**: These nevi are present at birth and can be junctional, compound, intradermal, or intramucosal. Congenital nevi are typically larger than acquired nevi and often involve more extensive areas, with increased involvement of nevus cells, adnexal structures, and vascular components[1,29].

Table 1. The prognosis and treatment of nevi largely depend on their histological type

Nevus	Prognosis and Treatment
Junctional Nevus[30]	Good prognosis. No treatment required unless symptomatic. If needed, treatment options include surgical excision, cryotherapy, or laser therapy.
Compound Nevus	Good prognosis. Treatment typically involves surgical excision[31].
Intramucosal Nevus	Good prognosis. Surgical excision is the standard treatment[32].
Blue Nevus	May have potential for malignancy. Requires pathohistological diagnosis for confirmation[33].
Spitz Nevus	Generally good prognosis in children. Careful distinction from melanoma is crucial. [34].

The occurrence of oral nevi in the population is relatively low but solitary oral nevi are considered rare[1]. The most common types of nevi found in the oral cavity are intramucosal and blue nevi, with compound nevi being less frequent [35]. Oral melanocytic nevi usually appear as distinct brown, blue, gray, or black macules or papules, with sizes ranging from 0.1 to 3.0 cm in diameter [1,36]. These lesions are usually asymptomatic and often discovered incidentally during a clinical exam. Common sites for oral nevi include the hard palate, buccal mucosa, and gums, with rare occurrences in the retromolar region[35,36].

Diagnostic evaluation may involve excisional biopsy, particularly for lesions located on the palate, to rule out mucosal cancer. In many cases, the excisional biopsy also serves as the treatment[1,35,36].

3.Developmental Anomalies

Developmental anomalies are relatively common in children, although their exact cause is not always clear[1,13]. These conditions may result from genetic factors or may manifest as part of various syndromes[2,5,12].

3.1 Geographic Tongue (Benign Migratory Glossitis)

Geographic tongue, or benign migratory glossitis, affects 1-3% of the population and is not uncommon in children[12,37,38]. While the precise cause remains unknown, hereditary factors are thought to play a significant role[1,12,38,39]. This condition is often associated with systemic and psychological disorders[38,40]. Characterized by erythematous patches that are round or irregularly shaped, geographic tongue typically affects the dorsal and lateral surfaces of the tongue. The edges of these patches may appear slightly

raised, hyperkeratotic, and yellowish[2,12,38,39]. These lesions are migratory[2,37,38], changing their position over time. Desquamated areas of the tongue may be vulnerable to secondary infections, which can lead to painful inflammation, though this is rare. In most cases, the condition is asymptomatic and resolves on its own[2,12,37]. If discomfort occurs, treatments such as Antiseptics, topical analgesics, or corticosteroids may be used [12,37].

3.2 Fissured Tongue

Fissured tongue is a developmental anomaly characterized by a deep groove running anteroposterior along the midline of the tongue's dorsal surface[2,12,13,37]. While more commonly observed in adults, fissured tongue can also appear in children, either as an isolated anomaly or in association with conditions like Down syndrome and Melkersson–Rosenthal syndrome[2,5,12,13,37].

3.3 Retrocuspid Papilla

Retrocuspid papilla is another developmental anomaly commonly seen in children[13]. These small, red to purple papules (2-3 mm in diameter) are typically found on the lingual aspect of the lower canines, usually appearing bilaterally[2,13]. The papules are benign, asymptomatic, and often decrease in size over time. They generally do not require treatment[2,42].

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4. Hereditary Diseases

Hereditary conditions such as white sponge nevus, Peutz–Jeghers syndrome, and neurofibromatosis type 1 can present with oral manifestations that are crucial for diagnosis and treatment planning[1,13,43-45].

4.1 White Sponge Nevus

White sponge nevus is an autosomal dominant, benign, asymptomatic condition characterized by the presence of white, thick, velvety patches of tissue that cannot be scraped off[1,13,46,48]. These lesions frequently seen on the buccal mucosa but can also involve the tongue, labial mucosa, floor of the mouth, and gingiva. Typically present from birth or early childhood, the lesions may sometimes become more pronounced during adolescence[43,47,48,49,51-53]. No treatment is usually necessary unless the lesions interfere with chewing[1,43,51].

4.2 Peutz–Jeghers Syndrome

Peutz–Jeghers syndrome is an autosomal dominant disorder that is characterized by gastrointestinal polyposis and pigmented spots on the skin and mucous membranes[1,13,44,54-57]. The hamartomatous polyps that form in the gastrointestinal tract can lead to symptoms such as abdominal pain, bleeding, anemia, and intestinal obstruction[4,44,54-57]. Though only 2-3% of these polyps have malignant potential, regular monitoring is essential. The pigmented lesions, which range in size from 2-5 mm, typically appear in early childhood and are most often seen around the eyes, mouth, and hands. In oral cavity usually located on the buccal mucosa and the inner aspect of the lips[1,6,54,56-58]. While these lesions are generally asymptomatic and may fade by the age of 10, it is critical to identify these changes early and refer the patient to a gastroenterologist, as there is a risk of malignancy in the gastrointestinal tract[1,13 ,27,44,56,57].

4.3 Neurofibromatosis Type 1

Neurofibromatosis type 1 (NF1), also known as von Recklinghausen's disease, is an inherited autosomal dominant disorder characterized by the development of multiple benign tumors called neurofibromas[13,45,59-61]. These tumors typically arise along nerves and in the skin.Neurofibromas in oral cavity is also common[45,59,61-64]. These tumors usually present as submucosal, soft, discrete masses, typically located on the alveolar ridge and palate. Neurofibromatosis type 1 should be considered when these oral changes are observed alongside multiple café-au-lait spots on the skin [13,45,59-61,64,66].

5. Benign Tumors

Benign tumors are relatively common in the oral cavities of newborns and children. The most frequent benign tumors include fibromas, hemangiomas, and lymphangiomas[1,2].

5.1 Fibroma

These are some of the most frequently encountered benign lesions in the oral cavity.These lesions can appear anywhere in the oral mucosa but are most commonly found on the palate, tongue, buccal mucosa, and lips[2,67-69]. Typically, fibromas are less than 1 cm in diameter, have a color similar to the surrounding mucosa, and feel firm and smooth to the touch[1,2,67]. They can be either pedunculated or sessile [2,67]. Treatment generally involves surgical removal, and recurrence is rare if the source of irritation is eliminated[2].

5.2 Hemangioma

Hemangiomas are benign, rapidly growing vascular tumors that commonly develop in children. These lesions can occur anywhere in the soft tissues but are often found on the buccal mucosa, tongue, gums, and lips[2,68,70-75]. Hemangiomas are characterized by their red appearance when located closer to the surface, while deeper lesions may appear blue[1,2,75,77]. They tend to grow in parallel with increasing age . Most hemangiomas are painless but can ulcerate or bleed if traumatized. Management options include laser therapy or surgical resection, with careful attention to potential bleeding due to their vascular nature[2,70,73-76].

5.3 Lymphangioma

Lymphangiomas are benign tumors of the lymphatic system, often present at birth, though they may also develop during infancy. In the oral cavity, lymphangiomas frequently seen on the tongue but can also occur on the lips and buccal mucosa[2,74,78,79]. These lesions can range from soft, red, or purple/bluish masses[2,74]. A specific form of lymphangioma, known as cystic hygroma, may involve both the floor of the mouth and the neck[2]. Surgical removal is recommended for lymphangiomas that cause functional or aesthetic problems, although recurrence is common, often due to the absence of a cyst wall[2,74,79].

6. Traumatic Lesions

Mucoceles and ranulas are among the most common salivary gland disorders in children and are classified as extravasation pseudocysts[80].

6.1 Mucocele

Mucoceles result from physical injury to a minor salivary gland, leading to saliva retention and accumulation within blocked excretory ducts. These lesions are typically painless, with smooth, bluish or

clear surfaces[2,7,67,80-83,85-87]. Most mucoceles are less than 1 cm in diameter. Surgical excision is the primary treatment, and often, excision of the nearby minor salivary glands is also performed to reduce the risk of recurrence[2,7,74,82,83,85].

6.2 Ranula

A Ranula is a similar lesion to a mucocele and located on the floor of the mouth. It presents as dome shaped swelling in this area and is less common in newborns. Treatment typically involves surgical excision[7].

7. Recurrent Aphthous Lesions

Recurrent aphthous ulcers (RAUs) are the most common type of oral ulceration in children. These lesions are typically painful and can occur as single or multiple ulcers that recur periodically. The etiology is multifactorial, This includes immune system disorders, genetic factors, hormonal fluctuations, physical, chemical, or microbial irritants, along with allergies and stress.[917,89-96].

The clinical presentation typically features round or oval lesions with well-defined borders, a necrotic center covered by a yellow-gray pseudomembrane, and a surrounding red halo that indicates peripheral inflammation [9,89-91,93,97]. Based on size, number, and duration, aphthous ulcers can be classified into three types:

- **Minor Aphthae**: These lesions are typically smaller than 1 cm in diameter and usually heal within 10 days without scarring.
- **Major Aphthous Ulcers**: Larger than 1 cm, these lesions can persist for up to 30 days and may result in scarring.

- **Herpetiform Aphthous Ulcers**: These are multiple small lesions, each up to 3 mm in diameter, which may coalesce into larger ulcerations. Healing typically occurs within 15 days.[17,89,90,92-95,98,99].

8. COVID-19 Infection

COVID-19, being a relatively new infection, has shown some oral manifestations, although the prevalence of oral lesions in COVID-19 infections, especially in children, remains unclear. The most frequently reported oral manifestations associated with COVID-19 include blisters, ulcerations, and desquamative gingivitis, with ulcerations often seen on the dorsum of the tongue[100]. Other oral signs may include white plaques on the tongue that do not respond to local treatments, as well as the presence of geographic tongue. Fungal infections, such as **Candida** (thrush), and viral infections like **Herpes simplex** and **Herpes zoster** may also develop during COVID-19 infection due to immune suppression or stress[100,101]. In more severe cases, Kawasaki-like symptoms may emerge, characterized by erythema, dryness, cracking, and bleeding of the oral mucosa[100].

9. Lichen Planus

Oral lichen planus is one of the most common oral mucosal disorders in adults, although it has been reported less frequently in children[102]. The exact cause of lichen planus remains unknown, but it is associated with genetic factors, infections, systemic diseases, allergic reactions to dental materials, and certain medications. Clinically, oral lichen planus presents in six forms: **reticular, atrophic, erosive, plaque-like, generalized**, and **bullous**. The **buccal mucosa** is the most common site of involvement, though the dorsum of the tongue and, less commonly, the gingiva, can also be affected [103]. In children,

oral lichen planus should be included in the differential diagnosis when considering erosive or hyperkeratotic lesions of the oral mucosa[104].

10.pseudomembranous Candidiasis

Pseudomembranous candidiasis, commonly referred to as thrush, is an opportunistic fungal infection caused by *Candida albicans*. It is frequently observed in children who have recently used antibiotics or corticosteroids, as well as those who use pacifiers for extended periods. This condition is also seen in children with specific systemic conditions, such as leukemia, those undergoing chemotherapy or radiation therapy, organ transplant recipients, and those who are malnourished[105]. Diagnosis is typically based on clinical presentation, the detection of *Candida* hyphae on smear samples from biopsies, or positive microbiological cultures[106]. Treatment involves antifungal medications, such as **topical nystatin** for infants and older children, or systemic antifungals like **fluconazole**, **ketoconazole**, or **itraconazole** for pediatric patients at high risk of developing systemic infections[11].

11. Erythematous Candidiasis

Erythematous or atrophic candidiasis is a type of **Candida** infection that is acute or chronic in nature. It is often seen in individuals who have been on long-term, broad-spectrum antibiotics (sometimes referred to as **antibiotic sore mouth**) or those with pseudomembranous candidiasis. In pseudomembranous candidiasis, when the white plaque is scraped off, the underlying mucosa appears red, atrophic, and painful. [107].

12. Frictional Keratosis (Morsicatio Buccarum)

Frictional keratosis is a benign occurs due to repeated mechanical trauma, typically due to habits like aggressive tooth brushing (toothbrush keratosis) or forceful tongue thrusting (tongue thrust keratosis). It can lead to white patches on the oral mucosa that may resolve once the causative behavior is discontinued. The prevalence of frictional keratosis in children ranges from **0.26% to 1.89%**[108,109]. The lesions are usually corrugated, gray or white, and can appear smooth or irregular, sometimes with small loose epithelial tags. The most common site of these lesions is the **buccal mucosa**. Treatment involves discontinuing the causative habits and eliminating any intraoral irritants, which typically resolves the lesion.

13. Herpes-Induced Stomatitis

Herpes simplex virus type 1 (HSV-1) is the main cause of oral herpes infections, which are highly contagious. In children, the virus is transmitted through contact with infected body fluids from an individual showing symptoms[110]. Clinically, HSV-induced stomatitis presents with **erythema on gum** , bleeding from mucosa , and clustered **vesicles** throughout the oral cavity .The treatment focus is on pain relief and ensuring the child remains hydrated, as dehydration is a concern. Most children with HSV-1 infections are asymptomatic, but when symptoms are present, antiviral treatment may be considered[111].

14. Petechiae, Purpura, and Ecchymosis

These vascular lesions result from trauma to the underlying blood vessels and may also signal bleeding disorders, such as thrombocytopenia or hemophilia. They can be linked to more serious conditions, including leukemia and anemia. The prevalence of vascular lesions in children ranges from 1.89% to 8.39%, with the incidence increasing to 42.8% in children with systemic diseases. These lesions

commonly appear on the lips, tongue, hard palate, and gingiva[10]. They are typically classified into the following categories:

- Petechiae: Pinpoint hemorrhages upto 2mm
- Purpura: Hemorrhages ranging from upto 2 cm
- Ecchymosis: Greater than 2 cm

15. Angular Cheilitis

Angular cheilitis is a chronic inflammatory condition that affects the skin and labial mucosa at the corners of the mouth. It can be triggered by various etiological factors, including nutritional deficiencies , anemia , hypersensitivity, infections, physical irritation, low socioeconomic status, and bruxism [112,113]. The prevalence of angular cheilitis is around 3% in children and 9% in adolescents. Clinically, it appears as painful cracks, fissures, and redness at the corners of the mouth., often with associated bleeding[114].

16. Median Rhomboid Glossitis

Median rhomboid glossitis is an inflammatory lesion typically found at the junction of the anterior two-thirds and posterior one-third of the tongue, just in front of the circumvallate papillae. The lesion has a characteristic diamond shape and is covered by smooth, erythematous mucosa. The surface of the lesion can be quite tender, and it sometimes feels similar to the underlying firm tissue of the tongue. When the lesion touches the **soft palate**, it may cause **erythema** in that area, referred to as a "**kissing lesion**." [115,116,117] .

Conclusion

Oral mucosal lesions are common in children and can be caused by a variety of factors, including idiopathic conditions, infections, nutritional deficiencies, and systemic diseases. A thorough clinical examination and detailed patient history are essential for accurate diagnosis and effective management. A better understanding of these lesions enables healthcare providers to provide appropriate treatments and referrals when necessary, ensuring proper care for pediatric patients with oral mucosal concerns.

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