

# [Secondary syndrome may be present. (3) trombocytopenia](https://assignbuster.com/secondary-syndrome-may-be-present-3-trombocytopenia/)

Secondary manifestation are due to the suppression of normalhematopoietic bone marrow (anemia, leucopenia, trombocytopenia) with generalsymptoms like weakness, constant fatigue, dyspnea, pallor, fever, infection, weight loss, spontaneous bleeding, petechiae, ecchymoses, epistaxes, menorrhagia and bruising.

Anemia isa disordered process in which the rate of red cell production fails to matchthe rate of destruction, resulting in a reduction in hemoglobin concentration. (3) Intraorally generalized mucosalpallor, non-specific oral erythema or cyanosis may be present. (1) Specifis entities like angularcheilitis, glossitis with different degrees of atrophy of fungiform andfilliform papillae, oral candidiasis, recurrent aphthous stomatitis, erythematous mucositis and burning mouth syndrome may be present. (3) Trombocytopenia is a conditioncharacterized by abnormally low levels of thrombocytes, and manifastates as spontaneousprolonged and profuse mucosal hemorrhage or after trivial trauma.  Typical localization of profuse bleeding isgingiva. Leukopenia is a decrease inthe number of white blood cells. Generally, quantitative polymorfonucleardeficiencies (neutropenia) are accompanied by recurrent gingivitis, generalizedperiodontal destruction and oral ulceration.

(3, 16) Erosions and painful or necrotic ulcerations occur as aresult of infection by normal oral flora in the setting of neutropenia of asdirect leukemic infiltration (A) Increasedsusceptibility to opportunistic infection due to leukopenia is well documentede. g. viral (herpes simplex stomatitis HSV, cytomegaloviral stomatitis CMV varicella zoster virus, Epstein-Barr virus, respiratory viral infections, hepatitis viral infections, and gastrointestinal infection??) fungal (oral candidiasis) andbacterial infections (acute necrotizing ulceratice gingivostomatitis) orreactivation of latent infections such as osteomyelitis, pericoronitis, periodontal, or periapical persistent and prominently painful inflammations. Healingresponses after tooth extraction can be altered.

(A) Palatal ulcerations and necrosis can be caused by acute opportunistic fungal infection mucormicosis, which usually begins in thenose and paranasal sinuses. This fungus invades the arteries, forms thrombiwithin the blood vessels that reduce blood supply and cause necrosis of hardand soft tissues. Numerous predisposing risk factors are associated withmucormycosis, although most cases have been reported in poorly controlleddiabetics or in patients with hematological malignancies such as acute leukemia.

(4, 5)