

Secondary syndrome  
may be present. (3)  
trombocytopenia



**ASSIGN  
BUSTER**

Secondary manifestations are due to the suppression of normal hematopoietic bone marrow (anemia, leucopenia, thrombocytopenia) with general symptoms like weakness, constant fatigue, dyspnea, pallor, fever, infection, weight loss, spontaneous bleeding, petechiae, ecchymoses, epistaxes, menorrhagia and bruising.

Anemia is a disordered process in which the rate of red cell production fails to match the rate of destruction, resulting in a reduction in hemoglobin concentration. (3) Intraorally generalized mucosal pallor, non-specific oral erythema or cyanosis may be present. (1) Specific entities like angular cheilitis, glossitis with different degrees of atrophy of fungiform and filiform papillae, oral candidiasis, recurrent aphthous stomatitis, erythematous mucositis and burning mouth syndrome may be present. (3) Thrombocytopenia is a condition characterized by abnormally low levels of thrombocytes, and manifests as spontaneous prolonged and profuse mucosal hemorrhage or after trivial trauma. Typical localization of profuse bleeding is gingiva. Leukopenia is a decrease in the number of white blood cells. Generally, quantitative polymorphonuclear deficiencies (neutropenia) are accompanied by recurrent gingivitis, generalized periodontal destruction and oral ulceration.

(3, 16) Erosions and painful or necrotic ulcerations occur as a result of infection by normal oral flora in the setting of neutropenia or as direct leukemic infiltration (A) Increased susceptibility to opportunistic infection due to leukopenia is well documented. e. g. viral (herpes simplex stomatitis HSV, cytomegaloviral stomatitis CMV, varicella zoster virus, Epstein-Barr virus, respiratory viral infections, hepatitis viral infections, and gastrointestinal

<https://assignbuster.com/secondary-syndrome-may-be-present-3-thrombocytopenia/>

infection??) fungal (oral candidiasis) and bacterial infections (acute necrotizing ulcerative gingivostomatitis) or reactivation of latent infections such as osteomyelitis, pericoronitis, periodontal, or periapical persistent and prominently painful inflammations. Healing responses after tooth extraction can be altered.

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

(4, 5)