

Oral Mucosal Peeling Caused by Sodium Lauryl Sulfate in a 20-Year-Old Female

Dear Editor,

There is a paucity of information about oral mucosal peeling caused by sodium lauryl sulfate (SLS) in medical literature in the Kingdom of Saudi Arabia. Oral mucosal peeling caused by SLS-containing oral hygiene products is reported in the medical and dermatological literature.^[1,2] This letter addresses a case of painless oral mucosal peeling caused by SLS-containing toothpaste in a 20-year-old Indian female referred from a private dental practitioner to the dental department of a tertiary hospital in Kerala. The patient was first seen by a medical practitioner, and the diagnosis of oral mucosal peeling due to SLS-containing toothpaste was missed out. The patient was anxious and presented with fresh painless peeling of mucosa on the maxillary labial gingiva and mandibular labial gingiva [Figure 1a and b]. The patient recalled the first episode of oral mucosal peeling started 5 months back, and the patient also narrated a waxing and waning clinical presentation of peeling of the oral mucosa. The medical practitioner had carried out biopsy from fresh peeling sites, and the histopathological finding revealed superficial intraepithelial cleft of the hyperparakeratotic epithelium with acanthosis and mild intracellular edema. The patient then visited a private dental practitioner, and he carried out patch test for contact allergy to dental materials and it was negative.

The biopsy was repeated from the fresh peeling sites, and the histopathological findings were similar to the previous biopsy. A diagnosis of painless oral mucosal peeling caused by SLS containing toothpaste was suspected. The patient was instructed to substitute non-SLS-containing toothpaste, and patients' waxing and waning clinical presentation of peeling of the oral mucosa was monitored for 2 weeks. Every 1 month follow-up was carried out for 6 months, and the patient was free from disease. The diagnosis of painless oral mucosal peeling caused by SLS-containing toothpaste was confirmed. The differential diagnoses of this case include vesiculobullous

disorders (dermatologic), morsicatio buccarum, morsicatio labiorum, bruxism, and oral lichenoid diseases.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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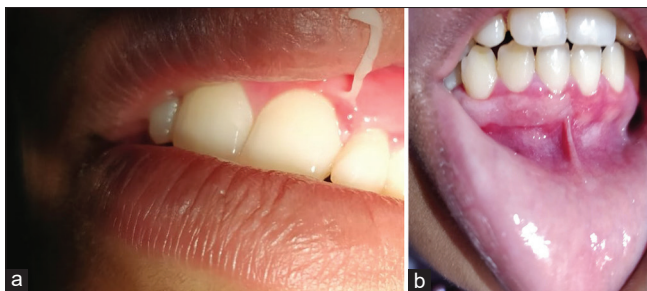


Figure 1: (a) Fresh painless peeling of mucosa on maxillary labial gingiva; (b) Fresh painless peeling of mucosa on mandibular labial gingiva

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