

Cochrane Corner

Another old remedy may be a 'new' treatment for aphthous ulcers

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The problem

I saw a 25-year-old woman with aphthous ulcerations in her mouth. She gets them a few times a year especially when she is under stress. She was not keen on topical triamcinolone (kenalog or Oracort) or oral tetracycline. There is randomised trial evidence for the latter but none for the former. A colleague showed me an article from the *British Journal of Dermatology*.

The solution

This article reported that a two to three second treatment with a silver nitrate stick preceded by topical 2%

lidocaine resulted in 70% of patients being pain free while those who got placebo (and the topical lidocaine) only 11% were free of pain. It was no quicker at speeding up the rate of healing. This seemed like a good option for this patient.

Clinical bottom line

While there is randomised trial evidence for oral tetracyclines for aphthous ulcers many patients would prefer a topical treatment then there is randomised trial evidence for topical silver nitrate applied after topical lidocaine.

Treatment	Success	Evidence	Harms
Silver nitrate applied directly to aphthous ulcer for 2–3 seconds (preceded by topical lidocaine)	At one day 70% reported reduction in pain. NNT = 2	One randomised trials ¹	Unknown

NNT = numbers needed to treat for one improvement not able to be calculated as there were no placebo controlled trials in the literature

References

1. Alidaee, M. R., A. Taheri, et al. (2005). 'Silver nitrate cautery in aphthous stomatitis: a randomised controlled trial'. *Br J Dermatol* 153: 521–5.

All people residing in New Zealand have access to the Cochrane Library via the Ministry website www.moh.govt.nz/cochranelibrary

Medical professionalism

'According to the prevailing orthodoxy, good standards of medical practice are a matter of rigorously enforced dutiful conduct. By contrast, our view is that the regulatory pendulum has swung too far in this direction. It needs to be brought back to a more balanced position where there is an understanding that an environment which encourages a doctor's 'goodness' is one that will promote positive patient outcomes. This 'goodness' is what we mean by professionalism.'

Royal College of Physicians. *Doctors in Society: medical professionalism in a changing world. Report of a Working Party of the Royal College of Physicians of London: RCP, 2005.*