

TOPICAL CORTICOSTEROIDS IN ORAL PATHOLOGY

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ABSTRACT

Topical corticosteroids have been commonly used over the last 50 years to treat various inflammatory mucosal conditions. The wide spectrum of potencies and bases allows these medications to be used effectively and safely under the care of an experienced dental practitioner.

INTRODUCTION:

Topical corticosteroids are some of the most common drugs used in oral pathology for treating atrophicerosive lesions that affect the mucosa. These lesions often bleed and are painful; sometimes are chronic or have a high tendency

to reappear and to interfere with very important activities such as eating, drinking, speaking or associating with other people. Severe erosive lesions of the oral mucosa have classically been treated with systemic corticosteroids, although the adverse effects associated with the use of these drugs have conditioned the frequent prescription of topical corticosteroids for treating these pathologies.

Some of the most common TCs are presented in favour of dental practitioner when choosing the most appropriate therapy to each clinical case.

Table 1. Topical corticosteroids classified by potency

Steroids	Posology in every 6 hours	Comments
WITH MODERATE EFFECT		
· Betamethasone valerate 0,05% cream (Betnovate)	To be applied on the lesion	growth or adrenal suppression is possible
· Mometasone 0,1% cream (Elocom)	To be applied on the lesion	growth or adrenal suppression is possible
· Triamcinolone acetonide 0,1 % cream (Polocortolon)	To be applied on the lesion	growth or adrenal suppression is possible
WITH POTENT EFFECT		
· Beclomethasone dipropionate spray(Beconase, Becotide inhaler, Ecobec inhaler)	1 press of the pump, 100 µm	growth or adrenal suppression is possible
· Budesonide spray(Budesonide forte, Neo-Reactive, Pulmicort turbuhaler)	1 press of the pump, 100 µm	growth or adrenal suppression is possible
· Fluticasone 0,05% cream (Cutivate)	To be applied on the lesion	growth or adrenal suppression is possible
WITH VERY POTENT EFFECT		
Betamethasone dipropionate & Gentamycin 0,05% cream, ointment (Diprogenta)	To be applied on the lesion	growth or adrenal suppression is possible
Clobetasol propionate 0,05% cream, ointment (Clobederm, Dermovate)	To be applied on the lesion	growth or adrenal suppression is possible

Table 2. Some topical steroids

MILD POTENCY	MODERATE POTENCY	HIGH POTENCY*
Triamcinolone acetonide 0,1% cream, ointment (Polcortolon)	Fluocinonide 0,5% cream (Metosyn)	Clobetasol propionate 0,5% cream, ointment(Clobederm, Dermovate)
Fluocinolone acetonide 0,025% cream, ointment (Abri cort, Flucinar, Synalar)	Desoximetasone 0,25% cream (Stiedex)	Betamethasone valerate 0,05% cream, ointment (Betnovate, Dermocort, Diprosone)
Betamethasone valerate 0,05% cream (Betnovate)		
Fluticasone 0,05% cream (Cutivate)		

*Steroids with high potency should be avoided in patients with gastroduodenal ulcers, diabetes mellitus, hematological malignancies, hepatitis, pregnancy and breastfeeding.

Short-term use of systemic corticosteroids is generally well tolerated, but the risk of adverse events increases with duration of use. The side effects from 3-week courses are few and mild, but such courses may only be done once every 3 months.

Table 3. Systemic steroids dose tapering

Day	1	3	5	7	9	11	13	15	17	19	21	23	25	27
Number tablets after breakfast	12	12	12	9	9	9	9	6	6	6	6	3	2	1
mg/d	60	60	60	45	45	45	45	30	30	30	30	15	10	5

Short-term treatment: 110 tablets prednisolone 5 mg, 4-weeks period.

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