

Thermal Burn at an Unusual Site in the Oral Cavity: A Case Report

ABSTRACT

Aim: The study aimed to report a case of thermal burn at an unusual site in the oral cavity. **Background:** Thermal burns of the oral cavity are caused by accidental ingestion of hot foods and beverages. Most of the cases are minor and treated conservatively but in some cases, surgical management is required. **Case Description:** A 38-year-old male had burning sensation of mouth following accidental ingestion of hot liquids and on clinical examination whitish lesions with erythema noted on floor of the mouth. Case was managed conservatively. **Conclusion:** Prompt management of such a case has to be done.

Key words: Burn, Floor of mouth, Thermal

INTRODUCTION

Burns of the oral mucosa may occur due to thermal, electrical, or chemical insults.^[1] A prevalence of 24.6% for thermal burns is being reported in literature among children and young patients.^[2,3] In case of thermal burns, the etiology is accidental ingestion of hot foods and liquids. Most of the cases are minor but sometimes they may be severe and require urgent management. A case of oral mucosal burn is being reported.

CASE HISTORY

A 38-year-old man reported to the ENT out patient department with burning sensation on the anterior part of oral cavity following accidental ingestion of hot liquids 1 day back. On examination, whitish lesions along with erythema noted in lingual frenulum, sublingual caruncle, and sublingual folds [Figure 1]. The submandibular gland examination and flow of



Figure 1: Whitish lesions along with erythema noted in lingual frenulum, sublingual caruncle, and sublingual folds

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saliva at the opening of the submandibular duct were reported within normal limits. Patient was prescribed analgesic along with antiseptic mouth gargle. Patient has been followed up and the lesions have healed and patient relieved of his symptoms

DISCUSSION

The most common causes of thermal burns includes contact with hot foods, hot liquids, hot metal objects, iatrogenic use of lasers, piezoelectric surgery, or electro-surgery devices. Other causes include oral burns due to e-cigarette explosions and reverse smoking.^[2,4]

The most common sites of thermal burns include the palatal arc and the anterior tongue.^[2,5] In case of burns of anterior floor of the mouth patency of the submandibular ducts must be assessed.^[1]

Most commonly the thermal burns present as erosive lesions with ulcerations occurring in extremely severe cases. The classical presentation of thermal burn lesions are oval-shaped or circular pattern erosions, with erythematous borders surrounding whitish damaged mucosa.

Depending on the site and size of lesions, the treatment options include non-steroidal anti-inflammatory drugs, antibiotics, antiseptic mouthwashes, coverage with a

protective emollient paste or a hydroxypropyl cellulose film, topical anesthetics, and surgical debridement.^[6-8] Surgical management is indicated in case of contractures and salivary gland duct injuries.^[1]

CONCLUSION

Burns of floor of the mouth should be managed judiciously as they have the potential to cause salivary duct injuries if the burns are severe. Prompt evaluation and treatment should be given to patients having thermal burns of the floor of the mouth.

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How to cite this article: Sahoo SR. Thermal Burn at an Unusual Site in the Oral Cavity: A Case Report. *Bombay Hosp J* 2024;66(1):17-18.

Source of support: Nil, **Conflicts of interest:** None

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