

SORES AT THE CORNER OF THE MOUTH

Dear Dr. McCrummen, Lately, I have had pink sores in the corners of my mouth. They split when I open my mouth wide, and itch. I have tried things like *Chapstick*, and *Carmex* but I can't get them to heal. Should I see a doctor? B.H.

Generally, if you have a sore that is not getting better over a period of two weeks, you should see a doctor. In this case it sounds like your intentions have been good, but you are simply using the wrong products.

Pink sores in the corners of the mouth are often caused by a naturally occurring fungus. If there is a wrinkle or small fold of skin at the corner of the lips, moisture can collect there. This is commonly seen with age, and in people that wear dentures. It is common in winter if the lips become dry and are licked repeatedly. It also occurs as a side effect of certain medications. The angles of the mouth are normally dry and the fungal populations are usually low. Moisture allows them to multiply and invade, much like moisture left between the toes can lead to "athletes-foot".

Our mouths have over 500 different types of bacteria, virus, and fungi. When the populations are kept down with good oral hygiene they all behave and try to maintain a balance. Organisms actually form food channels and communicate according to recent bio-film studies. If given the opportunity a group will overpopulate, invade, and take over; a microbe war occurs. In this instance the fungi have probably found a new, moist home and have taken over. You have been helping them by using moisturizers.

The condition of pink, glossy, itchy areas in the corners of the mouth, that often crack, is likely *Angular Cheilitis (Cheilosis)*. During the early pink stages try an anti-fungal cream, such as generic clotrimazole, or *Lotramin*. Dab a little on the pink area about five times a day, and try not to let much get in your mouth. Keep it external as you do not want to change the populations within the mouth. You should notice almost immediate improvement. If it helps, continue for at least a week and it should clear up. If this does not feel like it is helping, see your dentist or physician soon for an evaluation. Once it cracks and creates an open sore, you might try some generic triple antibiotic cream to heal the wound, and then use the antifungal once the wound has healed.

Do not put hydrocortisone cream or an antiviral on these sores. These medications can further disrupt the populations and make the problem worse. Cold-sores (herpes simplex virus type 1) typically occur repeatedly on the vermilion border of the lip, in one specific area. Herpes can also involve the nose (which can be very dangerous), and even the firm, immovable tissues in the mouth, such as the gums or hard palate. People that get these are usually familiar with the prodromal tingle, and usually know a sore is on the way. They usually last seven to ten days and are highly contagious, can be spread to the eyes and cause blindness, or to a torn cuticle on the finger and cause your finger to swell painfully (herpes Whitlow). L-lysine taken daily helps prevent cold sores if you get them often, and a prescription cream, such as *Zovirax* or *Denivir*, will often prevent them from erupting, or shorten the days of misery if applied when the tingle first occurs.

Canker sores are painful ulcers found inside the mouth on the soft, movable tissues (soft palate, below the gums, side of the tongue, inner lips and cheek) and typically last seven to ten days. These are usually caused by injury, food sensitivity (commonly from foods such as walnuts, melons, pineapple, tomatoes, cinnamon), or toothpaste ingredients (sodium lauryl sulfate). Avoiding acidic foods and using baking soda usually helps, or see your dentist for a quick treatment with *Debacterol* for almost instant relief of canker sores.

Hopefully this advice will help within a couple of days. If not, have your dentist or physician, check the problem and do not let it continue very long.