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Perspective

Uncomfortable definitions related to recurrent aphthous stomatitis.

Definiciones incómodas relacionadas con la estomatitis aftosa recurrente.

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Painful ulcers caused by recurrent aphthous stomatitis (RAS) are the most common lesions of the human oral mucosa. Despite the prevalence of this condition, we have some uncomfortable questions to address about it. We want to describe briefly two aspects of RAS: the nature of this pathological scenario and its clinical course.

Medical Subject Headings (MeSH) are used in the National Library of Medicine (NLM) dictionary for indexing articles for PubMed, the most commonly used biomedical search engine. MeSH defines RAS as *"a recurrent disease of the oral mucosa of unknown etiology. It is characterized by small white ulcerative lesions, single or multiple, round or oval. Two to eight crops of lesions occur per year, lasting for 7 to 14 days and then heal without scarring"*.[1]

Similar presentations of RAS-like ulcerations may occur associated with systemic disease, including autoimmune diseases, autoinflammatory syndromes, and immunodeficiency states (*e.g.,* immune defects, gastrointestinal disorders, or nutritional defects).[2] To avoid confusion, experts recommend that the RAS designation be reserved for oral ulceration in the absence of systemic disease (idiopathic).[3]

But is RAS indeed a disease? Considering that such a large group of diseases and syndromes may present oral ulcers clinically indistinguishable from RAS, it calls into question the understanding of RAS as a true disease. Perhaps idiopathic oral ulcerations are part of a broad spectrum of underlying systemic disorders.[4] In fact, some authors go further and argue that it is not practical to separate recurrent aphthous stomatitis (RAS) from RAS-like ulcerations in every case.[5]

We strongly disagree with this idea. In the clinical scenario, it is logical to distinguish the systemic causes of ulcers. If we recognize them, we can address the underlying disease. This will have a positive effect relieving ulcerative episodes. To definitively determine whether RAS is a disease or a pathological process (ulcer), a trigger of biological and statistical relevance must be revealed, leaving behind the term idiopathic. For this, we need studies with multivariate analysis and risk values, studies that are not currently abundant in this area of oral medicine.

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Another element affected by the definition of RAS as a disease or a pathological process is the clinical course. RAS covers the stages of premonition (with symptoms but no visible signs of ulcers), pre-ulcerative (with erythema and mild edema), ulcerative (with active ulcer(s)), healing (a decrease in pain, and progressive ulcer improvement), and remission (without ulcers).[6] If RAS is a disease, is the ulcer cycle equivalent to its natural history? We believe that it is not, because there are patients who undergo long periods with constant ulcers or an absence of remission periods (complex aphthosis). Therefore, we estimate that the stages of RAS are more likely to correspond to a pathological process for a particular ulcer than to a reflex of a disease.

If patients with a past history of RAS are free of ulcers, are they cured, or do they have inactive disease? These questions are key to the design of biomedical research. We recommend for now to rely on one criterion: the presence or absence of ulcers. That is a simple criterion for studying the potential triggering agents.

Even today, the (still idiopathic) ulcers of RAS cannot be prevented. We believe that a better description of the nature of this disease and its clinical course can increase the success of future research.

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