Treatment for Necrotizing Ulcerative Stomatitis and Necrotizing Stomatitis (NUS/NS)

- Oral health care providers should perform biopsy and refer patients to an oral surgeon, clinical pathologist, or oral medicine specialist when NUS/NS is diagnosed. (A2)

- Oral health care providers should treat NUS/NS with debridement of necrotic bone and soft tissue and concurrent antimicrobial therapy, as specified in the full guideline. (A3)

- Clinicians should include the following as part of the treatment plan for patients with periodontal disease:
  - Use of a pre-procedural antimicrobial rinse (A2)
  - Local debridement and disinfection using a 0.12% chlorhexidine gluconate or 10% povidone iodine (A2)
  - Removal of necrotic debris and sequestration, along with scaling and root planing, with local anesthesia to proceed as tolerated by patient but no later than within 7 days of diagnosis (A2)
  - Reinforcement of oral hygiene and home care instructions and prescriptions, including: 1) daily use of an antimicrobial rinse for 30 days; 2) antibacterial therapy; 3) nutritional supplementation/advice; and 4) periodontal prescriptions (B2)

Chronic Pre-Existing Periodontal Disease Treatment

- Oral health care providers should follow standard procedures for the management of chronic pre-existing periodontitis. (A3)

- Treatment for pre-existing periodontitis should follow the current standard guidelines. (A3)

- Clinicians should perform additional diagnostic procedures (biopsy, standard radiographs, or CT scans) only for lesions that show no healing within 10 days and for which patients have not responded to standard periodontal therapy. (A3)

- If no response to treatment, the patient should be referred to a periodontist. (A3)

Key Points

- Chronic nonhealing lesions may indicate a more serious condition, and oral health care providers can use biopsies to identify any neoplastic changes.

- A lack of response to conventional periodontal therapy is an important diagnostic feature of LGE; LGE is refractory to standard plaque control.

- Standard radiographic and clinical protocols should be followed to determine the severity of bone loss. (A3)

- Local health care providers should follow standard procedures for the diagnosis and treatment of LGE and NUS/NS.

- Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of the guideline.

- This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Management of Periodontal Disease. The full guideline is available at www.hivguidelines.org.