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

- Oral health care providers should perform a 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)

Treatment for Linear Gingival Erythema (LGE)

- Oral health care providers should treat LGE promptly before it evolves into a more severe form of periodontal disease. (A2)
- Oral health care providers should treat LGE with superficial debridement of affected tissue and antimicrobial rinse and schedule a follow-up appointment to determine if the patient is responding to treatment. (A2)

Treatment for Necrotizing Ulcerative Gingivitis and Necrotizing Ulcerative Periodontitis (NUG/NUP)

- Oral health care providers should treat NUG and NUP to prevent the destruction of periodontal tissue. X-rays will determine the severity of the periodontal bone loss. (A2)
- Oral health care providers should treat the acute stage of NUG/NUP in the clinical setting as soon as possible after diagnosis; treatment should include superficial debridement of infected areas, scaling, and root planing, and lavage/irrigation with an antimicrobial rinse (see text for antimicrobial irrigation options). (A2)
- Oral health care providers should provide patients with a treatment plan for follow-up home care that includes daily antimicrobials (see text for antimicrobial irrigation options) and instructions for and reinforcement of the importance of good oral hygiene and maintenance following treatment of acute disease and thereafter. (A2)
- For patients with severe or nonresponding NUG/NUP, oral health care providers should prescribe systemic antibiotics and concurrent treatment with an antifungal agent, as specified in the full guideline. (A3)