SAS Journal of Medicine
Abbreviated Key Title: SAS J Med
ISSN 2454-5112
Journal homepage: https://saspublishers.com

OPEN ACCESS

Dermatology

Clinical Aspects of Oral Pathologies During a Dermatology Consultation at the Hospital Sominé Dolo De Mopti (Mali)

Sokona Touré [1], Moctar Bah [2], Alassane Diarra [3], Drissa Traoré [4], Ramata Fofana [5], Békaye Traoré [6], Lassine Kéita [7], Amadou Galo Dicko [6], Mamadou Coulibaly [8], Aboubacar Sidiki Traoré [9], Youssouf Fofana [8]*, Yamoussa Karabinta [6,10]

[1]Sikasso Reference Health Center, Mali
[2]Mother-Child Hospital Center, Luxembourg, Bamako, Mali
[3]District Hospital of Commune IV, Bamako, Mali
[4]Nianakoro Hospital Fomba, Ségou, Mali
[5]Main Medical Center of the National Guard, Bamako, Mali
[6]Dermatology Hospital of Bamako, Mali
[7]Reference Health Center Commune II, Bamako, Mali
[8]Sominé Hospital, Dolo, Mopti, Mali
[9]Hôpit al Du Mali, Bamako, Mali
[10]Faculty of Medicine and Odontostomatology, Bamako, Mali

DOI: https://doi.org/10.36347/sasjm.2026.v12i11.003 | **Received:** 20.08.2026 | **Accepted:** 29.10.2026 | **Published:** 02.11.2026

***Corresponding author:** Dr. Fofana Youssouf
Reference Health Center Commune II, Bamako, Mali

Abstract | **Original Research Article**

Introduction: Oral mucosal pathologies are common and, according to studies, affect 2.5% to 61.6% of the general population. The aim of this work was to describe the clinical aspects of oral mucosal pathologies seen in dermatological consultations at the hospital. Sominé Dolo de Mopti (Mali). ***Patients and methods :*** We conducted a descriptive cross-sectional study on oral mucosal pathologies in patients seen in dermatological consultation in the medical department of the Sominé Dolo hospital in Mopti (Mali) from November 1, 2020 to October 31, 2021. ***Results:*** In total, 1052 consultations were carried out and 175 cases of oral mucosal pathologies were included, representing a frequency of 16.35%. Infectious diseases (33.14%) consisted of oral candidiasis, Heck's disease, herpes labialis, Kaposi's sarcoma, chickenpox and measles. Inflammatory pathologies (9.14%) consisted of oral aphthae, exfoliative cheilitis, and tartaric gingivitis. Autoimmune diseases (2.86%) were represented by epidermolysis bullosa, cicatricial pemphigoid, systemic lupus erythematosus. Tumor-related conditions (12%) consisted of diapneusia, torus palatina, leukoplakia, neurofibromas, and squamous cell carcinoma. The tongue disorders (42.86%) identified consisted of: coated tongue, white villous tongue, brown villous tongue, geographic tongue, fissured tongue and traumatic ulcer. ***Conclusion****:* this study showed a frequency elevation of oral mucosal pathologies in a dermatological setting in Mali.

Keywords: clinical aspects, pathology, oral mucosa.

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

The dermatologist's knowledge of oral mucosal pathologies is important because the observed lesions sometimes constitute the first sign of a general condition [1].

Oral mucosal pathologies are common and affect, according to studies, 2.5% [2] to 61.6% [3] of the general population.

Sometimes these conditions cause significant functional impairment due to pain, interfering with eating and speaking [1].

In their daily practice, dermatologists encounter numerous pathologies of the oral mucosa. This mucosa is exposed to all sorts of aggressions and can be the site of extremely varied diseases, common, benign or malignant.

There is a lack of epidemiological and clinical data on oral mucosal pathologies in dermatological settings in Mali, hence the idea for this study. Under

these circumstances, a better understanding of the clinical presentations can improve patient management during routine consultations.

The aim of this work was to describe the clinical aspects of oral mucosal pathologies seen in dermatological consultations at the hospital Sominé Dolo de Mopti (Mali).

PATIENTS AND METHOD

We realized a descriptive cross-sectional study on oral mucosal pathologies in patients seen in dermatological consultation in the medical department of the Sominé Dolo hospital in Mopti (Mali) from November 1 , 2020 to October 31, 2021. This hospital represents the largest reference center in the 5th region of Mali (Mopti).

The investigation consisted of identifying, during consultations, all patients presenting with lesions of the oral mucosa.

The diagnoses were primarily based on clinical examination. In a small number of cases, we resorted to paraclinical examinations (skin histopathology, blood tests, mycological and bacteriological examinations).

all patients, regardless of age and sex, who had a pathology of the oral mucosa were included in the study.

A questionnaire was applied to each case and the variables collected were as follows: age, sex, origin, reason for consultation, comorbidities, and the diagnosis retained.

The data were entered using Epidata 3.1 software and then transported and analyzed using Stata 14 software.

The study was conducted in accordance with the requirements of the Declaration of Helsinki and in compliance with the bioethical recommendations recorded in Annex C of ISO15189 v. 2007.

RESULTS

In total, 1052 consultations were carried out and 175 cases of oral pathologies were included, representing a frequency of 16.35%.

The patients' ages ranged from 1 month to 75 years, with a mean age of 29.02 years. The age groups 0-15 years, 16-60 years, and over 60 years represented 33.60%, 58.40%, and 8%, respectively. In our study, the female sex represented 60.80% and the male sex 39.20%, giving a sex ratio of 0.64.

Patients came from urban areas in 76.8% of cases and from rural areas in 23.2%.

Regarding the reasons for consultation, pain represented 32.8% of the functional signs, burns 12%, pruritus 16%, and hypersalivation 0.8%.

The lesions were localized: the upper lip (57.6%), the lower lip (87.2%), the corners of the mouth (9.6%), the tongue (22.4%), the floor of the mouth (5%), the palate (6.4%), the gums (5.6%), the buccal mucosa (6.4%)

The diagnoses reached during the consultations are as follows:

- Infectious diseases (33.14%) consisted of oral candidiasis (20%), Heck's disease (3.43%), herpes labialis (5.71%), Kaposi's sarcoma (0.57%), chickenpox (1.71%) and measles (1.71%).
- Inflammatory pathologies (9.14%) consisted of oral aphthae (2.29%), exfoliative cheilitis (1.14%), and tartaric gingivitis (5.71%).
- Autoimmune diseases (2.86%) were represented by epidermolysis bullosa (1.14%), cicatricial pemphigoid (0.57%), systemic lupus erythematosus (1.14%).
- Tumor conditions (12%) consisted of diapneusia (1.71%), torus palatine (2.29%), leukoplakia (5.71%), neurofibromas (1.14%) and squamous cell carcinoma (1.14%).
- The tongue disorders (42.86%) identified consisted of: coated tongue (28.57%), white villous tongue (5.71%), brown villous tongue (1.71%), geographic tongue (4%), fissured tongue (1.71%) and traumatic ulcer (1.14%).

The comorbidities found were: hypertension (9.6%), diabetes (4%), atopy (2.4%), drug eruptions (2.4%), HIV (1.6%), asthma (0.8%), gout (0.8%), and secleroderma . systemic (0.8%), systemic lupus (0.8%), pemphigus (0.8%). In our series, smoking and alcoholism represented 4.8 % and 0.8% respectively.

Table: Distribution of patients according to the nature of oral pathologies.

Pathologies		**Staff**	**%**
Infectious diseases	Oral candidiasis	35	20
	Heck's disease	6	3.43
	Cold sores	10	5.71
	Kaposi's sarcoma	1	0.57
	Varicella	3	1.71
	Measles	3	1.71
	Total	**58**	**33.14**
Inflammatory diseases	Mouth ulcers	4	2.29

	Exfoliative cheilitis	2	1.14
	Tartaric gingivitis	10	5.71
	Total	**16**	**9.14**
Autoimmune diseases	Acquired Epidermolysis Bullosa	2	1.14
	cicatricial pemphigoid	1	0.57
	Lupus erythematosus	2	1.14
	Total	**5**	**2.86**
Tumor pathologies	Diapneusia	3	1.71
	Palatine torus	4	2.29
	Leukoplakia	10	5.71
	Neurofibroma	2	1.14
	Squamous cell carcinoma	2	1.14
	Total	**21**	**12**
Disturbing languages	Sandy tongue	50	28.57
	white hairy tongue	10	5.71
	brown hairy tongue	3	1.71
	Geographic language	7	4
	Pleated tongue	3	1.71
	Traumatic ulceration of the tongue	2	1.14
	Total	**75**	**42.86**
Total		**175**	**100**



Figure 1: Di apneusis of the inner surface of the lower lip Appendices



Figure 2: Geographic language in a 2- year-old child

DISCUSSION

To our knowledge, this is the first study carried out on the clinical aspects of oral pathologies in a dermatological setting in Mali.

The diagnosis was based primarily on clinical examination. In some cases, we used certain paraclinical tests to confirm the diagnosis.

This study allowed us to assess the main epidemiological and clinical characteristics of these conditions in a dermatological setting at the hospital. Sominé Dolo de Mopti (Mali).

They accounted for 16.35% of dermatological conditions recorded in the hospital 's medical department. Sominé Dolo de Mopti. This frequency is explained by the fact that all patients seen in dermatological consultation benefited from a thorough oral examination regardless of the reason for consultation.

The female sex was the most represented (60.80%) the sex ratio was 0.64. This clear female predominance has been reported in several studies on oral diseases [1, 4].

Regarding the diagnoses made, infectious diseases accounted for 33.14%, predominantly oral candidiasis. These were found mainly in patients hospitalized in the medical ward.

Factors that promote the occurrence of oral candidiasis include HIV infection, diabetes, the use of broad-spectrum antibiotics, systemic corticosteroid therapy, malnutrition, and iron deficiency [5]. These factors were present in most of our hospitalized patients for whom a dermatological consultation was requested.

pathologies accounted for 9.14%, dominated by tartar gingivitis. This is explained by poor or inadequate oral hygiene, often associated with alcohol and tobacco use [6].

In our series, the tumors identified represented 12% of all oral pathologies. Benign tumors accounted for 10.86% and were primarily leukoplakia. This is consistent with studies conducted in Sweden and Slovenia, which showed a male predominance [7, 8]. Squamous cell carcinoma was the only malignant tumor found, representing 1.14%. These cancers mainly affect a population between 40 and 65 years of age, who present the key risk factor of combined tobacco and alcohol use [9]. In our patients, tobacco and alcohol consumption accounted for 4.8% and 0.8%, respectively.

Our study was based solely on patients who had a dermatology consultation at the hospital 's internal medicine department. These conditions are also treated in other departments (ENT, dentistry, maxillofacial surgery) and were therefore not included. We were unable to collect all the desired information regarding the variables of interest from the consultation records. Furthermore, due to insufficient resources, some patients were unable to undergo certain additional examinations. Despite these limitations, this study allowed us to assess the main epidemiological and clinical characteristics of oral mucosal diseases in our work setting.

CONCLUSION

Oral pathologies are a frequent reason for consultation. This study showed a frequency The incidence of oral mucosal pathologies in dermatological settings in Mali is high. Good interdisciplinary collaboration and subsequent multicenter studies will allow for a better understanding of these conditions.

REFERENCES

1. M Saint-Jean, MH Tessier, S Barbarot , J Billet, JF Stalder. Oral pathology in children. Annals of dermatology and venereology. 2010; 137: 823-837.
2. Byakodi R, Shipurkar A, Byakodi S, Marathe K. Prevalence of oral soft tissue lesions in Sangli , India. J Community Health 2011, 36(5):756–9.
3. Kovac-Kovacic M, Skaleric U. The prevalence of oral mucosal lesions in a population in Ljubljana, Slovenia. J Oral Pathol Med 2000, 29:331–5.
4. Samarjit Roy, SaurabhVarshney.Oral Dermatological Conditions: Aclinical Study. Indian J Otolaryngol Head Neek Surg . 2013, 65(2): 97-101.
5. Ahariz M, Loeb I, Courtois P. Oral candidiasis and dental prostheses. Revue de Stomatologie et de Chirurgie Maxillo-faciale. 2010; 111 (2): 74–78.
6. Aline Joly, Gérard Lorette. Tartaric gingivitis. Med Form Press 2021; 2: 90–91.
7. Axell T. Occurrence of leukoplakia and some other oral white lesions among 20,333 adult Swedish people. Community Dent Oral Epidemiol. 1987; 15:46–51.
8. Kovac-Kovacic M, Skaleric U. The prevalence of oral mucosal lesions in a population in Ljubljana, Slovenia. J Oral Pathol Med. 2000; 29: 331-5.
9. Gauzeran D. Lesions at risk and cancers of the mouth. Paris: Ed. CdP ; Wolters Kluwer France 2007.