



LS Dental

Ipoh · Dr. Kent Teoh

PATIENT GUIDE

Gut disease can show in the **mouth**

The mouth is the start of the same tube as the gut — so Crohn's and colitis can flare there too, sometimes first.

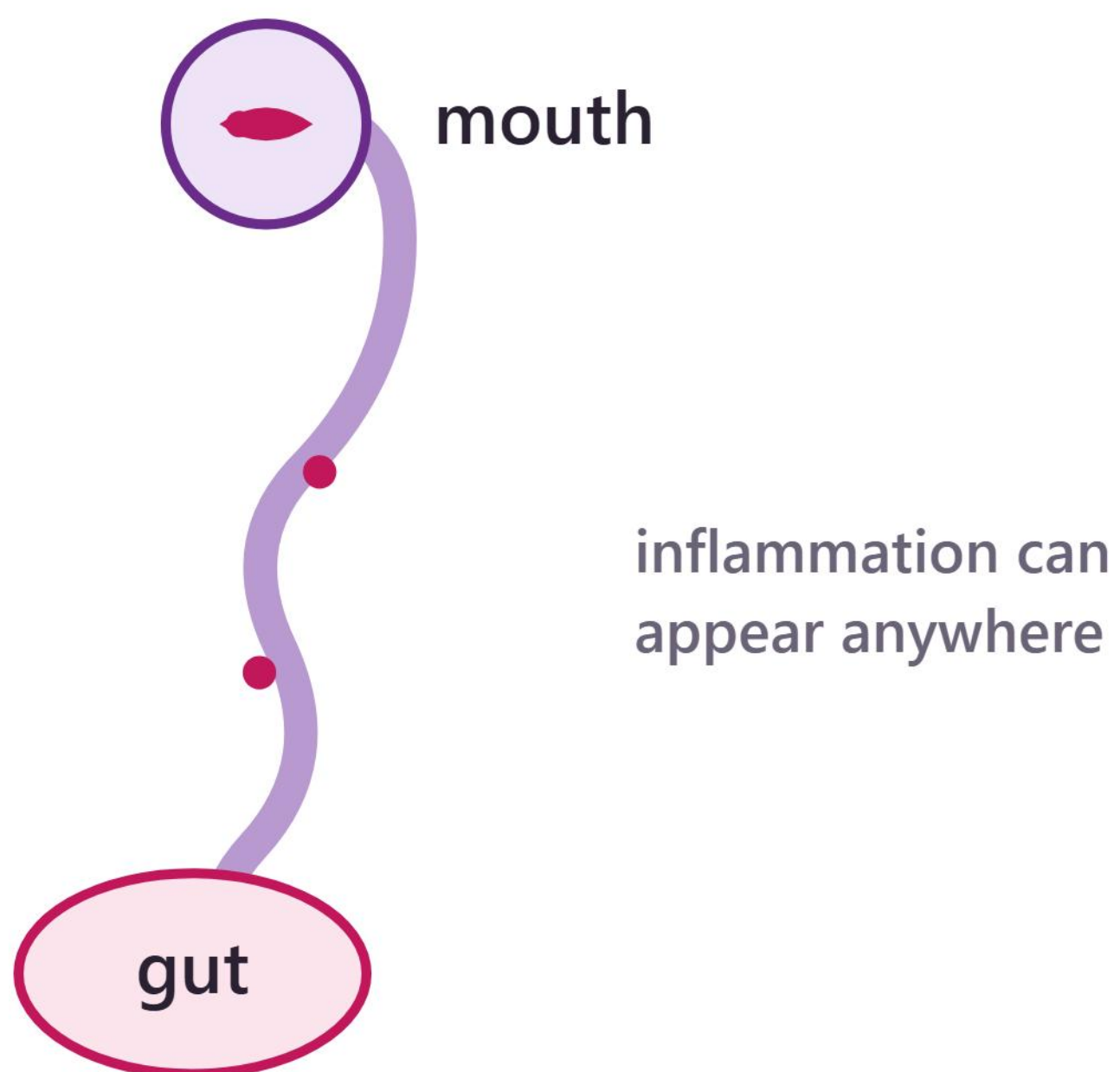
● **Recurring ulcers**

● **Swollen lips**

● **Cobblestone cheeks**

The gut–mouth connection

Inflammatory bowel disease — **Crohn's disease** and **ulcerative colitis** — inflames the digestive tract. Because that tract **begins at the mouth**, the same inflammation can appear there, and poor absorption of nutrients shows up too.



What it can look like

These come and go with flare-ups. Some are from the inflammation itself; others from the **nutrient shortages** that IBD can cause.

RECURRING MOUTH ULCERS

Repeated **aphthous ulcers** — often larger or more frequent, and flaring with the gut.

COBBLESTONE LINING

The inside of the cheek looks **lumpy and folded**, like cobblestones — typical of Crohn's.

SWOLLEN LIPS & FACE

Persistent lip or cheek swelling (orofacial granulomatosis); firm and painless.

FROM LOW NUTRIENTS

Pale gums, a **sore tongue**, and **cracked mouth corners** from iron or B12 loss.

Also seen: small skin-like tags inside the mouth, gum swelling, and, rarely, tiny pustules along the gums.

When ulcers point to the gut

Mouth ulcers are extremely common and **almost never** mean bowel disease on their own. What raises suspicion is **ulcers plus gut symptoms** — or ones that keep coming back with other clues.

● Usually harmless

- An occasional single ulcer
- Heals within a week or two
- No tummy or other symptoms

Worth a doctor's look

- Recurrent or large ulcers **with gut symptoms**
- Tummy pain, diarrhoea, or blood in the stool
- Unexplained weight loss and tiredness
- Swollen lips or cobblestone cheeks

Two-way care: if you already have IBD, some flare-ups — and some IBD medicines — can affect the mouth, so it's worth mentioning at both clinics.

Care that works **together**

The mouth signs settle when the gut disease is controlled — so the best results come from your dentist and doctor working as a team.

● **The plan**

- **1.** Tell your **dentist** you have (or suspect) IBD — and mention mouth flares to your **gut doctor**
- **2.** Soothe ulcers and treat any nutrient shortage (iron, B12, folate)
- **3.** Plan bigger dental work for calmer, flare-free periods

- ✓ **Everyday relief:** gentle brushing, a mild non-foaming toothpaste, and avoiding sharp or very spicy food can ease a sore mouth during a flare.

Mouth ulcers that keep coming back?

We'll check your mouth, help soothe it, and flag whether the pattern is worth raising with your doctor.



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