

Patient information

Angina Bullosa Haemorrhagica (ABH)

Liverpool University Dental Hospital

What are the aims of this leaflet?

This leaflet has been written to help you understand more about Angina Bullosa Haemorrhagica (ABH). It tells you what it is, what causes it and what treatment is available.

What is ABH?

ABH is a relatively rare condition that affects the lining of the mouth. It appears as one or more spontaneous blood-filled blisters in the mouth. These blisters can occur quite rapidly. They vary in size but can be quite large (up to three cm across).

What causes ABH?

The cause of the condition is unknown. The blister(s) usually occurs while eating, particularly sharp foods such as crisps or toast. They can also occur following trauma to the mouth or after dental treatment. Sometimes there is no precipitating factor. Patients who have used steroid inhalers for a longer period of time maybe more susceptible to developing ABH. This condition can develop at any age but tends to affect older patients.

Is ABH hereditary?

There is no evidence that this condition is inherited.

What are the symptoms of ABH?

Usually, the affected individual notices a sharp, pricking sensation in the mouth before a blood-filled blister developing. The blister tends to burst leaving an ulcer that can be sore. The ulcer heals normally.

What does ABH look like?

ABH appears as a blood-filled blister on the lining of the mouth. Blood blisters can affect different parts of the mouth but typically occur on the palate (roof of the mouth). The blood blisters vary in size and may recur. After the blister has burst, it usually leaves an ulcer. It is uncommon to develop more than one at a time.

How is ABH diagnosed?

ABH can usually be diagnosed by taking a history and asking about the blood blisters in your mouth. The clinician will then check in your mouth for any signs of ABH. You may not have a blood blister at the time of your appointment. Blood tests are sometimes taken to exclude any underlying cause for your blood blisters.

Can ABH be cured?

As we don't know why the blood blisters occur, ABH cannot be cured.

Is ABH serious?

ABH is not a serious condition and the blood blister will go away with time. ABH is not infectious.

How can ABH be treated?

Most of the blood blisters will burst on their own and start to heal within days. They do not normally require any treatment. Occasionally a large blood blister may develop at the back of the mouth and spreads into the throat. If this happens, you may need to have the blister drained to stop it spreading. Under these circumstances, contact your nearest Oral Medicine clinic for advice. If you need urgent assistance, out of clinic hours, visit your local Emergency Department (A&E). As ABH is an uncommon condition, please take this information leaflet with you to assist the emergency doctor with your care.

Anaesthetic (analgesic) mouthwashes are available if your mouth becomes sore. These are particularly helpful if used before meals. Benzydamine hydrochloride (e.g. Difflam) mouthwash may be helpful for this. An antiseptic mouthwash, such as chlorhexidine gluconate (e.g. Corsodyl), may also be advised. Try to avoid any mouthwashes containing alcohol.

What can I do?

You may find it helpful to avoid eating any sharp foods that may have triggered the blood blisters in the past. For patients using steroid inhalers, it is good practice to rinse the mouth thoroughly with water after use.

Where can I get more information?

<https://emedicine.medscape.com/article/1078960-overview>.

Feedback

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Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you need any further information please contact the Liverpool University Dental Hospital
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