# Challenges in the Management of Recurrent Aphthous Stomatitis: A Call for Action on Drug Availability and Alternative Therapies

Dear Editor,

Recurrent Aphthous Stomatitis (RAS) is one of the most common clinical oral mucosal disease having prevalence ranging from 5% to 25% in general population,1 with peak incidence in the second decade of life, and about 50%-60% in the professional population.2 The exact etiology of the RAS is unclear; however, it is thought that several factors such as local trauma, psychological stress, immune system imbalance and genetic predisposition factors may contribute to its development.

Recurrent Apthous Stomatitis (RAS) episodes can significantly impair patients' quality of life.3–5 Despite of its high prevalence,5 RAS remains underreported and often overlooked public health issue, largely due to limited number of research studies.

One of the major challenges in the effective management of RAS is the unavailability of effective treatment options in the local market. Traditionally, topical corticosteroids, including Triamcinolone Acetonide (oral-base ointment), have long been recognized for their effectiveness in managing RAS manifestations by immune modulatory and anti-inflammatory actions.6 In recent times, this formulation has become unavailable in the local market, creating a challenge in the management of RAS for the clinicians and the patients.

Although some alternate topical treatments are also available, which includes Lidocaine-CPC combination (pain relief and antiseptic), antifungals (like Miconazole, Nystatin), and antivirals (e.g Acyclovir), however these treatment options do not offer the same mechanism of action and the clinical efficacy as that of Triamcinolone Acetonide alone. Therefore, they fall short in addressing adequately the inflammatory and immune-mediated mechanisms involved in the pathophysiology of RAS.

Alternatives such as herbal medications Salvizan gel and Curcumin shows same efficacy as that of Triamcinolone Acetonide,7,8 but they are also deficient in local market may be due to their limited acceptance as standard treatments.

Many patients who have previously relied on Triamcinolone Acetonide oral base ointment for years often report difficulty in finding effective alternatives. As a result, some experienced prolonged healing time and persistent symptoms after switching to other available treatments in the local market, further highlighting the impact of inadequate treatment options on patient care, and the pressing need for the accessible effective treatment options.

Given this situation, we strongly urge the pharmaceutical companies and regulatory authorities to prioritize the re-introduction of Triamcinolone Acetonide oral base ointment or the approval and availability of any other treatment alternatives with similar efficacy to Triamcinolone Acetonide oral base ointment. In addition, we call for further clinical research into alternative therapies that can serve as viable options in the absence of Triamcinolone Acetonide. It is essential to ensure that patients are not left without adequate and effective treatment options.

We would like to acknowledge the efforts of the healthcare professionals who continue to manage RAS patients under difficult circumstances. Their resilience and commitment to patient care are commendable, despite the challenges posed by the unavailability of this essential medication despite facing the significant therapeutic limitations.

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