



Angina Bullosa Haemorrhagica

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 benign, 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 3 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 may be 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 prior to a blood-filled blister developing. The blister tends to burst leaving a shallow ulcer. The ulcer heals quickly without much discomfort.

What does ABH look like?

ABH appears as a blood-filled blister anywhere on the lining of the mouth. After the blister has burst, it usually leaves an ulcer. Blood blisters can affect different parts of the mouth and can often recur. ABH typically affects the roof of the mouth but occasionally can extend down the back of the throat. The blood blisters vary in size. 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 do not normally require any treatment. If a large blood blister develops at the back of the mouth and spreads in to the throat, 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 advice, out of clinic hours, visit your local A&E department. 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 (Difflam) mouthwash may be helpful for this. An antiseptic mouthwash, such as chlorhexidine gluconate (Corsodyl), may also be advised to help with plaque control, particularly when your mouth is sore. 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 recommended to rinse the mouth thoroughly with water after use.

Where can I get more information?

<https://dermnetnz.org/topics/angina-bullosa-haemorrhagica/>

This leaflet has been prepared by the British and Irish Society for Oral Medicine (BISOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BISOM is not responsible for information on web sites where links are provided.

This leaflet is available online at www.bisom.org.uk

Review date: December 2023