virus type 16 was demonstrated, has been reported in the literature. Many different types of white lesions can occur in the oral mucosa and the appearance of WSN is not pathognomonic. There is a need for precise identification through prompt histopathologic examination to differentiate this condition from more serious, potentially premalignant lesions as well as other genodermatoses such as hereditary benign epithelial dyskeratosis, lichen planus, lichenoid drug reaction, lupus erythematosus, cheek chewing and possibly candidiasis. While some of these lesions are benign, others are pre-malignant or manifestations of some systemic diseases. Therefore, early diagnosis of this benign lesion is important, and often, these lesions need different treatment plans. In addition, these lesions reveal different epidemiological patterns and involve different societies and races. In Northwest Iran, this condition seems to be rare and no other similar documented cases are available. In this case, none of the family members had similar lesions. This lesion appeared early in life without any reported changes throughout the patient’s life, but diffuse spreading of the lesion seems to be an alarming factor. Biopsy in such cases is necessary for treatment planning and ruling out of other lesions.

References


Erratum

The article entitled “Accuracy of digital subtraction radiography in combination with a contrast media in assessment of proximal caries depth” which appeared in J Dent Res Dent Clin Dent Prospect 2008; 2(3):77-81 incorrectly listed the second author’s affiliation as Department of Oral and Maxillofacial Radiology, Shahid Beheshti University of Medical Sciences. The correct affiliation of Sara Ehsani is Dental Research Center of Shahid Beheshti University of Medical Sciences.