ABSTRACT

Combination oral contraception is consist of estrogens 0.03 mg and progesterone 0.15 mg. This hormone gives negative feedback mechanism to the hypothalamus and anterior hypophysis, makes the production of Follicles Stimulating Hormone (FSH), Luteinizing Hormone (LH), even growth hormones are drop. Low levels of estrogen make follicles de graaf becoming immature, this condition make the ovulation phase can’t be happened. The role of estrogen is making cell become mature, including oral cell epithel. On women used oral contraception, the progesterone level is higher than women used not. High levels of progesterone makes cell immature, including the oral mucosa epithel. One of the predisposition factors of Recurrent Aphthous Stomatitis (RAS) is hormone. Hormone on the combination oral combination can give that effect too, especially progesterone. On this observation, prevalence of RAS on women used combination oral contraception is just 4.05 %. This lower prevalence than prevalence of RAS on all women shows that combination of hormones give the effect to the mucosa. Women used it means given estrogen 100 x more than used not, and the progesterone is given 2 x more. High added of estrogen from the oral contraception gives direct effect to
the oral mucosa, because it has estrogen receptors to the buccal mucosa, that make maturation is possibly more can be happened there. A good epithel maturation will make mucosa can’t be ulcers easily.

Key words: RAS, combination oral contraception, estrogen, progesterone, and cell maturation