

Desquamative gingivitis on Hard Palate: A Rare Case Report

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Abstract

Desquamative gingivitis is characterized by erythematous, epithelial desquamation, erosion of the gingival epithelium, and blister formation on the gingiva. It is a clinical feature of a variety of diseases or disorders. Most cases of desquamative gingivitis are associated with mucocutaneous diseases, the most common ones being lichen planus, mucous membrane pemphigoid, and pemphigus vulgaris. Proper diagnosis of the underlying cause is important because the prognosis varies, depending on the disease. This case report presents an atypical case of desquamative gingivitis on hard palate.

Keyword: Hard palate, desquamative gingivitis, corticosteroid, chlorhexidine

Introduction

The term “desquamation” is derived from the Latin word ‘Desquamare’, which means scraping fish, flakes. As a word, desquamation means ‘loss of epithelial elements in small and large amounts, peeling of skin, and exfoliation’. [1] Desquamative gingivitis” is a descriptive term, first introduced by Prinz in 1932 that is synonymous with the presence of erythema, desquamation, erosion, and blistering of attached and marginal gingiva. [2] The desquamative gingivitis is seen after puberty, especially in individuals over 30 years of age. It is more common in women than in men. [3] Desquamative gingivitis can be caused by numerous conditions. These include dermatoses such as oral lichen planus (OLP), mucous membrane pemphigoid (MMP), pemphigus vulgaris, epidermolysis bullosa and dermatitis herpetiformis. Local hypersensitivity responses to various substances, such as dental materials (described as lichenoid contact reactions), mouthwashes, drugs, cosmetics, chewing gum, cinnamon, sodium lauryl sulphate (a common ingredient of toothpaste), may also play a role as causative agents in some patients.[4] Generally, these lesions affect the buccal/labial surfaces of the gingiva, although not formed due to bacterial plaque, are exacerbated with plaque accumulation.[5] This case report present Desquamative gingivitis on hard palate.

Case Report

A 13-year-old female patient reported to the A 32 year’s old patient reported to our department of Periodontology with chief complaint of burning sensation on right side of hard palate on taking hot and spicy beverages. Non significant dental and medical history was given by the patient. Patient had a habit of cigarette smoking, 3-4 times in a day since last 10 years but he had quitted his habit 6 months back. Intra oral examination revealed presence of red, erythematous, diffuse and ulcerative patches on right side of hard palate showing sign of desquamation in Figure 1. Exact etiology for the appearance of desquamated lesions in this patient was not identified.

Thorough oral prophylaxis (scaling & polishing) was done. Patient was advised to rinse his mouth with 0.2% chlorhexidine mouthwash, enforced to do modified bass technique for brushing his teeth & also was asked to maintain good oral hygiene. Topical application of steroid (0.1% Triamcinolone acetonide) twice in a day for three weeks and vitamin supplements was prescribed. A 15 days and 2 months clinical follow-up showed the complete uneventful tissue healing with no evidence of recurrence of the lesion in Figure 2 and Figure 3.

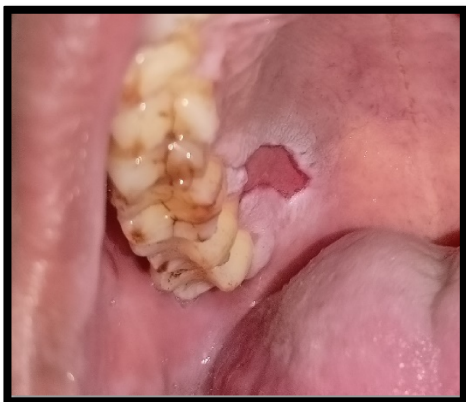


Figure 1: Desquamative gingivitis on hard palate



Figure 2: Appearance of Desquamative gingivitis after steroid therapy at 15days.



Figure 3: Resolution of the lesions after 2 months

Discussion

Desquamative gingivitis is entirely a common disorder in which the gingiva is desquamated. Chronic soreness is commonly seen and intake of spicy foods may further worsen the condition.

Severity may range from mild, almost insignificant small patches to widespread erythema with glazed appearance. Occasionally, such lesions may occur in the absence of bacterial plaque.[6] The etiology of desquamative gingivitis includes dermatological conditions like pemphigus vulgaris, cicatricial pemphigoid and oral lichen planus, Endocrine disturbances like Hypothyroidism, estrogen deficiency and testosterone imbalance and Chronic infections like tuberculosis, chronic candidiasis and histoplasmosis. [7] Desquamative gingivitis appears as superficial erosions and tags of detached epithelium on the gingiva. Other oral mucosal sites involved are the buccal mucosa, palate, alveolar ridge and tongue. [8] The therapeutic approaches to desquamative gingivitis are based on expert opinion rather than empirical evidence. Several treatment methods have been reported (Fatahzadeh et al. [9] 2006, Endo et al.[10] 2008). Treatments of desquamative gingivitis are available in the form of systemic or topical steroids, antimetabolites (cyclophosphamide, azathioprine, mycophenolate mofetil), antibiotics (tetracyclines), and Dapsone intravenous immunoglobulin's, plasmapheresis, and Low level laser therapy which causes pain relief and accelerates regeneration of damaged tissues. Desquamative gingivitis requires elimination or control of local irritants. Rough restorations, ill-fitting dentures, traumatic oral hygiene procedures, and dysfunctional oral habits should be corrected. [11] The patient in the present case underwent thorough oral prophylaxis and was treated with topical steroids and vitamin supplements for 2 month. The lesions showed considerable improvement after steroid application. Regular follow up was done and the lesions showed no signs of recurrence.

Conclusion

The management of desquamative gingivitis is challenging because lesions reoccur after it goes into remission. Correct diagnosis of the condition entails taking a detailed history, coupled with a thorough intraoral and extraoral examination, along with histopathology and immunofluorescence studies. The gingival lesions are usually treated by improved oral hygiene measures and topical corticosteroid therapy.

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