

Int Poster J Dent Oral Med 2000, Vol 2 No 3, Poster 45

# **Oral manifestation of Wegener's granulomatosis**

#### Language: English

Authors: Beate Schacher, Martin Horodko, Thomas Bürklin, Petra Ratka-Krüger, Peter Raetzke Frankfurt University School of Dentistry, Department of Periodontology

#### Date/Event/Venue:

08.06.2000-11.06.2000 EUROPERIO 3 Genf/Geneva

## The Case

A 43-years-old female was referred to the Department of Periodontology by her dentist because of a persisting hyperplasia of the gingiva.

The patient had first noticed these changes 3 to 4 weeks prior to our examination. Different topical treatments by the patient's dentist had not been successful.

## **Medical history**

Besides her known medical history (Morbus Basedow, Psoriasis) the patient was suffering from rhinitis and a cough with expectorations.

In addition, she had noticed a loss of weight and a reduced general condition with moderate fever, tachycardia and pain in her left chest.

## **Clinical findings**

On the vestibular aspect of the upper left incisors, the gingiva was hyperplastic with a granulomatous surface texture. Upon inspection of the nasal lining mucosa, granulomatous tissue changes were found as well.

## Diagnosis

The patient was referred to a specialist of internal medicine with our provisional diagnosis of Wegener's granulomatosis. This was confirmed by histological findings (inflammatory changes of the oral, nasal and colonic mucosa) and serological findings (presence of antineutrophil cytoplasmic antibodies, C-ANCA).

## Therapy

An immunosuppressive therapy was initiated (prednisolone 60 mg/die, cyclophosphamide alternating 100 mg/die and 150 mg/die) and resulted in a remission of all parameters.

Prednisolone medication was then reduced step by step and terminated. During maintenance therapy over 18 months,

cyclophosphamide medication was administered.

Hyperplasia of the gingiva resolved without any specific treatment.

## Discussion

Wegener's granulomatosis (ICD-Nr. 446.4) is a systemic disease, characterized by necrotizing granulomas affecting the small- and medium-sized blood vessels, the upper respiratory tract, the lungs and the kidneys. Further systems can be involved. The etiology is still unknown; cell-derived immuno-pathological reactions are presumed to be the cause. In patients with untreated generalized disease a lethal outcome can be expected.

Oral lesions are a feature of Wegener's granulomatosis. Above all, a granulomatous hyperplasia of the gingiva ("strawberry gums") can be an early and pathognomonic finding.

## Conclusion

When a patient presents with therapy-resistant, granulomatous changes of the gingiva, the dentist should include Wegener's granulomatosis as a tentative diagnosis.



Fig. 1: Hyperplasia of the gingiva with a typical granular appearance.

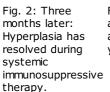




Fig. 3: Gingival appearance after two years.

## Bibliography

- Hoffmann, G.S., Kerr, G. S., Leavitt, R. Y. et al.: Wegener granulomatosis: an analysis of 158 patients. Annals of Internal Medicine 116, 488 (1992).
- Knight, J.M., Hayduk, M.J., Summerlin, D.J., Mirowski, G. W.: "Strawberry" gingival hyperplasia. A pathognomonic mucocutaneous finding in Wegener granulomatosis. Arch Dermatol 136, 171 (2000).
- Lilly, J., Juhlin, T., Lew, D., Vincent, S., Lilly, G.: Wegener's granulomatosis presenting as oral lesions. A case report. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 85, 153 (1998).
- Napier, S.S., Allen, J. A., Irwin, C.R., Mc Cluskey, D. R.: "Strawberry gums" a case of Wegener's granulomatosis. Br Dent J 175, 327 (1993).
- Parsons, E., Seymour, R.A., Macleod, R.J., Nand, N., Ward, M.K.: Wegener's granulomatosis. A distinct gingival lesion. J Clin . Periodontol 19, 64 (1992).

This Poster was submitted on 20.07.00 by Dr. Beate Schacher.

#### **Correspondence address:**

Dr. Beate Schacher Poliklinik für Parodontologie 77MK Carolinum Theodor-Stern-Kai 7 D- 60590 Frankfurt am Main

#### **Poster Faksimile:**



## **ORAL MANIFESTATION OF** WEGENER'S GRANULOMATOSIS

Schacher, B., Horodko, M., Bürklin, T., Ratka-Krüger, P., Raetzke, P. Frankfurt University School of Dentistry, Department of Periodontology

#### The Case

A 43-years-old female was referred to the Department of Periodontology by dentist because of a persisting hyperplasia of the gingiva.

The patient had first noticed these changes 3 to 4 weeks prior to our examination. Different topical treatments by the patient's dentist had not been successful

#### Medical history

Besides her known medical history (Morbus Basedow, Psoriasis) the patient was suffering from rhinitis and a cough with expectorations.

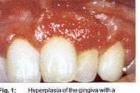
In addition, she had noticed a loss of weight and a reduced general condition with moderate fever, tachycardia and pain in her left chest.

#### **Clinical findings**

On the vestibular aspect of the upper left incisors, the gingiva was hyperplastic with a granulomatous surface texture. Upon inspection of the nasal lining mucosa, granulomatous tissue changes were found as well

#### Diagnosis

The patient was referred to a specialist of internal medicine with our provisional diagnosis of Wegener's granulomatosis. This was confirmed by histological findings (inflammatory changes of the oral, nas and colonic mucosa) and serological findings (presence of antineutrophil cytoplasmic antibodies, C-ANCA)



Hyperplasia of the gingiva with a twoical cranular appearance. Fig. 1:



Three months later: Hyperplasia has resolved during systemic immunosuppressive therapy. Fig. 2;



## References

Hofesen, G.S., Ker, G.S., Lanvit, R. Y. et al.: Wegener granulameteria: an analysis of 158 patients. Annals of Internal Medie

- Indihman, D.S., Kong G. S., Jantenson A., Wandal M. Hannak Monom, H., 60 (1992).
  Angel J.M., Huyshak, A.J., Sammandra, D.J., Minowski, G. W.: Standowsky: "genyinal hyperplanks. A pathogeneous mesoscalarosas. Benefit on Interplank and the Intervent Tal., 117 (2005). Gene Standowski, Pathogeneous Networks (1998).
  Markov, S.S., Alen, J.A., Switz, C.R., McClashy, D.R.: "Standowski, a hyper S.S., Alen, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Switz, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J.A., Switz, C.R., McClashy, D.R.: "Standowski, Papers, S.S., Mono, J. McClashy, J.R., Switz, McClashy, D.R., Papers, S., Switz, S., Kono, J., Kono, M., Markov, M.K.: Mitogenetic synatomatics, A. Addied, applyiel lexion, J. Din Purkanski, M. (1992).



CR

An immunosuppressive therapy was initiated (prednisolone 60 mg/die, cyclophosphamide alternating 100 mg/die and 150 mg/die) and resulted in a remi of all parameters.

Prednisolone medication was then reduced step by step and terminated. During maintenance therapy over 18

cyclophosphamide medication months, was administered.

Hyperplasia of the gingiva resolved without any specific treatment

#### Discussion

Wegener's granulomatosis (ICD-Nr. 446.4) is a systemic disease, characterized by necrotizing granulomas affecting the small and medium-sized blood vessels, the upper respiratory tract, the lungs and the kidneys. Further systems can be involved.

The etiology is still unknown; cell-derived immuno-pathological reactions are presumed to be the cause. In patients with untreated generalized disease a lethal outcome can be expected.

Oral lesions are a feature of Wegener's granulomatosis. Above all, a granulo-matous hyperplasia of the gingiva ("strawberry gums") can be an early and pathognomonic finding.

#### Conclusion

When a patient presents with therapyresistant, granulomatous changes of the gingiva, the dentist should include Wegener's granulomatosis as a tentative diagnosis.