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## LETTER TO THE EDITOR

# Oral lesions of granulomatosis and histiocytosis

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Dear Professor,

We read with great interest and attention the article recently published by Ashish Shrestha et al. entitled: "Giant cells and giant cell lesions of oral cavity - a review".<sup>1</sup>

However, we found that some etiologic aspects were not included in this exhaustive review and that concerned that the authors of this paper did not address, specially inflammatory bowel diseases and histiocytic disorders.

In fact, orofacial granulomatosis (describing a granulomatous inflammation of the oral cavity without overt clinical evidence of intestinal inflammation) may be the manifestation of various systemic conditions like Crohn disease (CD), sarcoidosis, or rarely, Wegener granulomatosis.<sup>2</sup>

In CD, the oral lesions may be the first indication of this intestinal condition: granulomatous inflammatory lesions can, in fact, be seen in the oral mucosa \* and up to 60% of patients with CD present with oral lesions, most lesions being detected in young adults. Affected sites are chiefly lips, gingiva, vestibule, and buccal mucosa.<sup>3</sup>

Also, oral manifestations may be the first sign of Langerhans Cells Histiocytosis (LCH), and the oral cavity may be -on some occasions- the only area affected.

The incidence of oral lesions in LCH is 77%;<sup>4</sup> therefore the initial diagnosis in many cases is made by the odontologist.

The infiltration of gingiva by Langerhans cells causes granulomatous gingivitis; while gingival recesses and periodontal pockets were also described.

In the oral mucosa and the periodontal tissues, ovoid erosions or ulcerations with tumorous erythematous margins frequently appear, followed by pain during palpation and loosening of the teeth.<sup>5</sup>

The diagnosis is confirmed by histology that shows conjunctive fibrous tissue with an inflammatory infiltrate, non-malignant histiocytic proliferation is seen together with the Langerhans cells with Birbeck granules.<sup>6</sup>

In some cases, there is loss of deciduous teeth with precocious replacement and early eruption of permanent teeth, due to a *Actinobacillus actinomycetencomitans* related periodontal affection, conductive to tooth mobility and loss as young as three years of age.<sup>7</sup>

## REFERENCES

1. Shrestha A, Marla V, Shrestha S, and Neupane M. "Giant cells and giant cell lesions of oral cavity - a review" *Cumhuriyet Dent J* 2014;17(2):177-189.
2. Günaştı, Suhan, and Varol L. Aksungur. "Granulomatous disorders." *Clinics in dermatology* 32.1 (2014): 47-65.
3. Eversole, L. Roy, and MSD DBS. "Orofacial granulomatosis and other inflammatory lesion." *Essential of Oral Medicine* (2001): 245-251.
4. Erdem, Arzu Pinar, et al. "Oral manifestations may be the first sign of langerhans cell histiocytosis." *Oral health & preventive dentistry* 11.1 (2013).
5. Merglová, Vlasta, et al. "Langerhans cell histiocytosis in childhood-Review, symptoms in the oral cavity, differential diagnosis and report of two cases." *Journal of Cranio-Maxillofacial Surgery* 42.2 (2014): 93-100.
6. Madrigal-Martínez-Pereda, Cristina, et al. "Langerhans cell histiocytosis: literature review and descriptive analysis of oral manifestations." *Medicina oral, patología oral y cirugía bucal* 14.5 (2009): E222-8.

7. Hernández JM, Boj QJ, Gallego MS. Manifestaciones orales de la histiocitosis de células de Langerhans. A propósito del caso de un niño de dos años. Med Oral 2003;8:19-25.

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