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Hyperplastic gingivitis: an oral manifestation of Wegener's granulomatosis

Sir,

Apart from Fauci's¹ series in which 6% of his 85 patients with Wegener's granulomatosis had oral ulcers as one of the presenting signs and symptoms, the oral manifestations of this disease are rarely reported.^{2,3} I wish to report a patient with the limited form of Wegener's granulomatosis who presented with upper airway disease and hyperplastic gingivitis.

A 30 year old man presented with a one month history of frontal headache, epistaxis, left ear pain, deafness and blood-stained discharge and painful gum swelling associated with a weight loss of 4 kg. He was afebrile. The right nostril was obstructed by a fleshy growth which bled on contact. There was left ear otitis media and conduction deafness. Both the upper and lower gingivae were swollen and inflamed with petechial spots (Figure 1). Investigations included haemoglobin 14.0 g/dl, total white cell count $17.8 \times 10^9/l$ without eosinophilia, erythrocyte sedimentation rate 120 mm/hour, serum creatinine 96 $\mu\text{mol/l}$, normal urine microscopy, and normal chest X-ray. Computed tomography of the paranasal sinuses showed evidence of mucosal swelling of the maxillary and ethmoid sinuses bilaterally and a fluid level in the right maxillary sinus. Biopsy of the growth in right nasal cavity revealed histopathological changes consistent with a diagnosis of Wegener's granulomatosis.

He was started on prednisolone 60 mg daily and cyclophosphamide 100 mg daily. There was remarkable improvement in his constitutional symptoms. Three weeks later, the growth in his right nasal cavity and the painful gum swelling had completely regressed and his left ear had dried up.

In a review of 11 cases of Wegener's granulomatosis with oral manifestations reported in the dental and medical literature plus one case of their own, Handlers *et al.*² noted that hyperplastic gingiva is the most common oral lesion. The hyperplastic gingivitis starts in the interdental papilla areas and extends to the labial and buccal aspects. The gingiva is red to purple and has a granular appearance with many petechiae. Involvement of the whole gingiva and periodontium results in tooth mobility and loss of teeth.

Biopsy specimens of the gingiva frequently reveal pseudoepitheliomatous hyperplasia of the overlying epithelium, diffuse chronic histiocytic inflammation with

Figure 1 Swollen upper and lower gingivae with petechial spots.

occasional multinucleated giant cells and numerous eosinophils.² Vasculitis and palisading granulomas, features found in classical lesions of Wegener's granulomatosis in the lungs and kidneys, however, are rarely seen in the gingival tissue. Although a gingival biopsy was not performed for this patient, the regression of the gum swelling and inflammation together with the response to treatment of his other complaints show that the hyperplastic gingivitis is another manifestation of his disease.

In many of the cases in the review by Handlers *et al.* including three other recently reported cases in the dental literature,^{4,5} hyperplastic gingivitis is the initial manifestation of Wegener's granulomatosis. Therefore, hyperplastic gingivitis is a not uncommon presenting oral complaint in patients with Wegener's granulomatosis.

C.K. Liam
Department of Medicine,
University Hospital,
Faculty of Medicine,
University of Malaya,
59100 Kuala Lumpur,
Malaysia.

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