An Uncommon Disease Revealed by Ulceration of the Mandibular Gingiva

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Abstract

Tuberculous is a worldwide public health problem; however, primary tuberculous osteomyelitis involving the mandible is extremely rare and has no specific clinical appearance. Here, we report an 82-year-old woman who presented with an unhealed ulcer evolving the mandibular associated to multiple cervical lymph nodes. Computed tomography of the head and neck revealed an osteolytic lesion of the mandible. An intraoral incision biopsy of the ulcer showed a granulomatous lesion. The patient was started on anti-tubercular therapy for six months. Our patient’s presentation highlights considering tuberculous osteomyelitis in the differential diagnosis.

Keywords: Tuberculous; Mandible; Prognosis

Case Presentation

An 82-year-old woman, with a medical history of diabetes and arterial hypertension, consulted for a slowly progressing ulcer in the gingiva. The lesion appeared 3 months ago and became painful and associated with difficulty in deglutition. The patient appeared to be poorly nourished and unwell. The intraoral examination revealed a large irregular ulcer located in the anterior mandibular gingiva and extending to the 46 tooth region, measuring about 6 cm × 3 cm (Figure 1).

Multiple, firm 1 cm × 1 cm, enlarged, non-tender lymph nodes were palpable in the bilateral sub-mandibular region. Respiratory system, cardiovascular system, and abdominal system examinations were normal.

A malignant tumor was suspected, thus a Computed Tomography scans (CT) of the head and neck was performed and revealed an osteolytic lesion of the mandible with extension into the adjacent part of the body of the mandible. There was associated multiple cervical necrotic lymph nodes (Figure 2). An excisional biopsy was performed under local anesthesia. The histopathology examination of the biopsy specimen revealed fibrocollagenous tissue with multiple epithelioid cell granulomas admixed with numerous plasma cells and occasional Langhans Giant cells (Figure 3). Bacteriologic examination revealed the positivity for Bacille de Koch. The diagnosis was intraoral tuberculosis. Chest radiography was performed. It was normal, hence the patient was considered to have primary tuberculous. She was admitted for anti-tuberculous therapy, but the altered general state made the outcome unsatisfying.

Discussion

In the oral cavity, tuberculous is uncommon disease and involves the tongue, lips, followed...
by gingiva, buccal mucosa, and jaw bones. It has no characteristic signs or symptoms. However, ulcers are the major complaints [1]. Clinically, the differential diagnosis of this entity in the oral cavity should include squamous cell carcinoma, traumatic ulcer, syphilitic ulcer, actinomycosis and Wegener granulomatosis [2]. This case deserves special attention as tuberculous osteomyelitis is very rare and constitutes less than 2% of the skeletal tuberculous. Jaw involvement is even rarer and usually affects older individuals [3].

A pathologic biopsy of the oral lesion should be performed as soon as possible. The characteristic histologic manifestations are the granuloma consisting of epitheloid histiocytes and multinucleate Langerhans giant cells with a central necrotic focus. If detected early, the changes can be without much destruction and there should be prompt initiation of an effective therapy. For patients with maxillary or mandibular tuberculous osteomyelitis, anti-tuberculous drug monotherapy has been shown to give a good prognosis, but the treatment takes about 6 months [4,5]. Surgical removal is also recommended if the lesion can be removed easily, which was not the case of our patient [2]. In fact, surgery is the second option in cases with irreversible damage caused by the disease process. Because of the altered general state, the outcome for this woman was not good. It can be concluded that the morbidity and emergence of tuberculous can be effectively reduced with early diagnosis.

References