Erythematous gingival lesion

Pallav Patni, Mona J Patni

A 46-year old woman was seen for a chronic maxillary erythematous gingival lesion above central incisors that had been present for several years. She had history of trauma due to fall eight years back. She had undergone multiple antibiotic, antifungal and topical steroid regimens. She had also undergone surgical excision of the same but the lesion recurred. She was otherwise well. On examination, there was a 12mm x 11mm erythematosous area on maxillary gingival mucosa (Figure 1).

Vitality tests with electrical pulp tester (Digitest™ II Pulp Vitality Tester, Parkell inc, NY, USA) showed that both maxillary central incisors were. An intra-oral peri-apical radiograph using radio-visibility revealed large peri-apical radiolucency around roots of both maxillary central incisors (Figure 2).

A clinical diagnosis of necrosis of pulp leading to chronic peri-apical periodontitis was made. The dental infection had perforated from maxillary cortical plate into the gingiva leading to erythematous lesion. The patient’s gingival lesion improved after root canal treatment of both maxillary central incisors. The lesion healed completely after one month of dental treatment. The peri-apical lesion healed significantly after one year.

*Figure 1: Erythematous area on maxillary gingival mucosa.*
Discussion

Mucosal lesions are associated with various systemic diseases and can present as oral manifestations of squamous cell carcinoma, lichen planus, pemphigus vulgaris, erythema multiform, epithelioid hemangioendothelioma, plasma cell gingivitis, spindle cell carcinoma, foreign body gingivitis, discoid lupus erythematosus, oral psoriasis and dermatomyositis. They can be either mucosal alterations like erythroplakia, candidiasis, stomatitis migrans, vitamin deficiency, and hemato logic disorders or vascular lesions like Kaposi’s sarcoma, and reactive lesions like peripheral giant cell granuloma. The treating physician and surgeons should primarily consider dental pulp necrosis as a differential diagnosis of such mucosal lesions if the patient does not have a history of any systemic disease. Proper history and investigations can make diagnosis of such lesions less complicated.

Figure 2: Radiograph revealing large peri-apical radiolucency around roots of both maxillary central incisors.
Competing interests:
Nil.

Author information:
Pallav Patni, Department of Conservative and Endodontics, Sri Aurobindo College of Dentistry (SAIMS), Indore, India; Mona J Patni, Department of Cosmetic Dentistry, Dr Mahesh Chandra Patni Dental Clinic, Indore, India.

Corresponding author:
Pallav Patni, Department of Conservative and Endodontics, Sri Aurobindo College of Dentistry (SAIMS), Indore, India.
pallavpatni@yahoo.com

URL:

REFERENCES: