

## Orofacial Granulomatosis

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### ABSTRACT

Orofacial granulomatosis is a noncaseating granulomatous inflammation which affects the soft tissues of orofacial cavity and swelling in both upper and lower lips. OFG is of unknown etiology. OFG is a part of Melkersson-Rosenthal syndrome (MRS). Systemic evaluation of the patients is more important for the diagnosis because it resembles the oral manifestation of chronic disease and sarcoidiasis.

**Key words:** Orofacial granulomatosis, Systemic, manifestation, sarcoidiasis.

### INTRODUCTION

In 1985 Wiesenfeld introduced the term orofacial granulomatosis is a nonspecific characterized by granulomatous inflammation with different clinical presentations. Some systemic diseases like chronic Crohn's disease, granulomatous disease, tuberculosis, and sarcoidiasis may resemble like orofacial granulomatosis. It occurs more commonly in children and adults below the age group of 30. According to many researchers the cheilitis granulomatosa, Melkersson Rosenthal syndrome should be included in OFG.

The etiology of OFG is unknown.<sup>4</sup> The clinical presentation of OFG is the swelling of the labial region. This swelling is more common on the lips along with facial swelling may affect the, periorbital region, chin, eyelids, cheeks, tongue<sup>5</sup>. The systemic conditions such as sarcoidosis, Crohn's disease has oral manifestation similar to OFG.

#### Clinical features

It is more common on one or more lips which is enlarged or swollen and non tender. Rarely superficial vesicles, resembling lymphangiomas<sup>7,8</sup>

MRS has been described as a triad of persistent lip or facial swelling, recurrent facial paralysis and fissured tongue. CG of Miescher is characterized by swelling restricted to the lips. But these conditions are included under OFG. Rarely along with labial enlargement, facial swelling and cervical lymphadenopathy is seen. Lesion also arises intraorally as ulcers, papules and edematous. Fissures, paraesthesia, erosions or taste alteration is seen in tongue. Gingiva is swollen, edematous and painful or erythematous. Buccal mucosa appears as a cobblestone appearance because of fibrosis and submucosal enlargement. The folding between the mucobuccal region is hyperplastic and ulcerations also seen which is linear. Palatal tissue have papules and becomes hyperplastic in more areas. Salivation is decreased in rare areas.

#### Histopathological features

OFG is a noncaseating granulomatous inflammation.<sup>3,4</sup> Van der Waal et al. state that, although noncaseating granulomas are classically present,<sup>2</sup> edema present in superficial lamina propria and perivascular lymphocytic infiltrate.

Dilated lymphatics in the superficial lamina propria and perivascular aggregation of histiocytes

and plasma cells usually are present and lymphocytes are scattered. typically, granulomas appear to cluster around scattered vessels and are not well formed or discrete with multinucleated giant cells

### Diagnosis

biopsy should always be performed in order to increase the likelihood of finding granuloma. special stains are negative against all the organisms. no foreign material should be present when the lesion is on the specific site, like gingiva, through diagnosis should be made as it may resemble like granulomatous gingivitis. initial diagnosis by histopathological features. final diagnosis should be made after ruling out all the differential diagnosis, because this condition resembles oral manifestation of systemic disease

### Treatment

In children search for any allergy or gastrointestinal disease. Administration of nonsteroidal anti-inflammatory drugs, broad-spectrum antibiotics, antituberculous drugs, antilepromatous agents (clofazimine), sulfa drugs (sulfasalazine), antimalarials (hydroxychloroquine), and steroids, be it systemic or intralesional is given.

### CONCLUSION

Differential diagnosis of swollen lips and swelling of other orofacial structures includes OFG. The diagnosis is made by excluding numerous other disease entities, e.g., Crohn's disease and sarcoidosis, requiring broad diagnostic workup. Orofacial granulomatosis should be diagnosed early, as later in the course of the disease fibrous tissue may proliferate, thus narrowing treatment options to surgery.

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