

IMAGES IN CLINICAL MEDICINE

Lindsey R. Baden, M.D., *Editor*

Oral Manifestation of Crohn's Disease



Alfredo Aguirre, D.D.S.

University at Buffalo School of Dental
Medicine
Buffalo, NY
aguirr@buffalo.edu

Colleen A. Nugent, M.D.

University at Buffalo School of Medicine
and Biomedical Sciences
Buffalo, NY

A 13-YEAR-OLD BOY PRESENTED WITH A 9-MONTH HISTORY OF EPISODIC unilateral swelling of the face and oral pain. He reported having loose, non-bloody stools. Physical examination revealed asymmetric swelling of the face and lips with perpendicular fissuring (Panel A), and intraoral examination revealed discrete gingival erythematous hyperplasia and epulis fissuratum-like soft-tissue tags in the mucobuccal fold (Panel B). Granulomatous inflammation consistent with Crohn's disease was found on histopathological examination (Panel C), and the patient was referred to a pediatric gastroenterologist. He was found to have tenderness to palpation in the right lower quadrant and periumbilical region, a rectal fissure, and painless rectal skin tags. Colonic biopsies showed chronic active colitis that was most prominent in the cecum and ascending colon, which confirmed a diagnosis of Crohn's disease. Therapy with mesalamine and prednisone was initiated and slowly tapered. Maintenance of remission was achieved with mercaptopurine. The oral lesions slowly resolved over a 1-year period. At a follow-up visit 2 years after the initial presentation, the patient remained asymptomatic.

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