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Submucosal plasmocytosis -a case report

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ABSTRACT

Submucosal plasmacytosis is a rare idiopathic condition consisting of a dense plasma cell infilterate of the mucous membrane.It presents clinically as a diffuse, erythematous and less often ulcers are present .The etiology is still unclear,but this condition is believed to be an immunological reaction to certain allergens .Here presenting a case report of 86 year old male complained of multiple oral lesions and bleeding from lip region since one and half month back,also complains of pain and burning sensation.

Keywords: Submucosal Plasmacytosis, Plasma Cell Mucositis, Plasma Cell Gingivitis

INTRODUCTION

Submucosal plasmacytosis is an uncommon condition, is characterized by massive and dense infiltration of plasma cells into the connective tissue [1,2]. This rare condition is of unclear etiology and has been reported under various names such as oral plasma cell mucositis, plasma cell gingivitis,allergicgingivostomatitis, atypicalgingivostomatitis,idiopathic gingivostomatitis [1, 3, 4] The etiology is unclear, but this condition is believed to be an immunological reaction to certain allergens present in chewing gum, flavoring mint, dentifrices and cinnamon flavoring products. Recently, has also been reported among habitual khat chewers [2, 4]. This condition presents clinically as marked submucosal erosions and erythema, especially on the gingiva with or without ulceration. The lesions are usually asymptomatic; however, patients may complain of pruritus, pain, burning sensation, discomfort, or in case of laryngeal involvement, dysphagia and/or hoarseness.[4, 7]. Possible clinical differential diagnosis includes lichen planus, mucous membrane Pemphigoid, pemphigus, plaque-induced gingivitis, erythroplasia, sarcoidosis and Wegner's granulomatosis [1, 3]. Histopathological findings (plasma cell infiltrate) should be differentiated from other more serious disorders such as plasmacytoma and multiple myeloma. [8]. Management of this is condition is also unclear, corticosteroids, antibiotics, radiation, ablative therapy and surgical excision can be used in treatment. [1, 2, 9, 10]

A CASE REPORT

A Patient name Ganesh age 86 male married came to mahatma Gandhi hospital, jaipur with a chief complaint of multiple oral lesions and bleeding on the upper and lower lip region since one and half month back. Patient noticed of peel off of mucous membrane from lip and buccal mucosa .Gradually develops multiple erosions over lip region associated with pain and burning sensation , Difficulty in eating food and swallowing .On taking Medical history : he was diagnosed with a case of atopic dermatitis and was taking treatment for his from past one and half year back .There was history of tuberculosis past one year back and he has completed the course of drugs from mahatma Gandhi hospital , Department of respiratory medicine . Patient also visited to a dentist and medications was given for this lesion and was not relieved. On General examination gait was plethoric,pulse 74 /min, BP 140/90 mm/hg .On skin examination multiple pinkish macules of .2 -.5 cm few fissures & erythematous base present over palm and sole ,no facial erythema .On extraoral examination there was no swelling, temporomandibular joint was normal, lymph nodes were non palpable. On intraoral examination : multiple ill defined, erythematous areas present over lip areas (fig 1 & fig 2) .On lip region edematous ,slightly, hard, fissured erosions, reddish brown size, slightly oozing of blood on touch, also extending to right and left buccal mucosa, gingival was inflammed, loss of consistency ,shape and size, calculus and stains was present ,bleeding on probing was present ,probing depth was increased . Provisional diagnosis was given: granulamatous cheilitis and , pemphigus .Investigations was carried out in which HB,CBC was normal and biopsy was taken Histopathological report shows dense subepithelialplasmocytosis , plasma cells are mature but diffusely infilterative. Final diagnosis was submucosal plasmocystosis. Treatment given was injection dexamethasone iv od , injection amoxicilinl Clavulanic 1.2 gm tds , injection pantop 40mg n od ,tab calcium od , tess oral paste, dologel, betadine gargles ,further injection trenaxa 1gm iv and fusidic cream was added and follow up was made . Patient was stable and no new complaint was there.

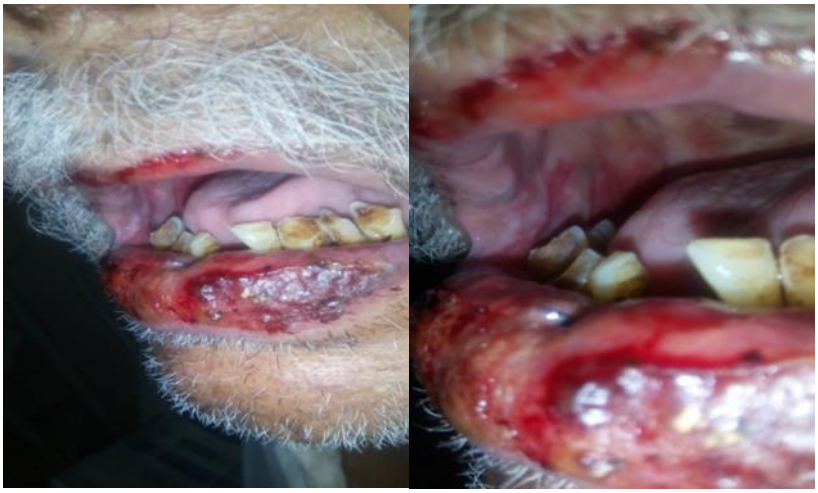

FIG 1FIG 2

ILL DEFINED ERYHTEMATOUS AND CRUSTING PRESENT ON UPPER AND LOWER LIP

DISCUSSION

Submucosal plasmacytosis is a diagnosis of exculsion, differentiated primarily on histologic finding of a marked submucosal plasma cell infiltrate [1, 3, 10].The lesions has no clear etiology but believed to be a non specific response in the form of a plasma cell infilterate to an unknown exogenous agent. These conditions are found on the vulva, buccal mucosa, palate, nasal aperture, gingival, lips, tongue, epiglottis, larynx and other orifical surfaces. [1, 9] .These conditions are thought to be result of a reaction of chewing gums, dentifrices and other foreign substances. [13, 14, 15] Clinically, marked erosions and erythema especially on gingival with or without ulceration, swelling of the lips. These lesions can affect

periorificial tissues or the oropharynx leading to upper airway symptoms of hoarseness, dysphagia and mild airway obstruction. Possible clinical differential diagnosis includes lichen planus, mucous membrane Pemphigoid, pemphigus, plaque-induced gingivitis, erythroplasia, sarcoidosis and Wegner's granulomatosis**).** Histopathological findings (plasma cell infiltrate) should be differentiated from other more serious disorders such as plasmacytoma and multiple myeloma . [3,10] .Management of SP Topical steroids may help to reduce inflammation and speed in healing , Although several treatment modalities have been tried including corticosteroids (topical, intralesional, systemic), antibiotics , destruction of tissue , CO2 lasers , excision of tissue , radiation therapy . [1, 2, 9, 10]

CONCLUSION

Submucosal plasmacytosis should be included in the differential diagnosis of swellings or lesions of lips, although histology can confirm the diagnosis. It is an uncommon condition, is benign plasma cell proliferative disorder of the upper aerodigestive tract.Although the etiology is still unknown.

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