

# OROFACIAL granulomatosis



**Orofacial granulomatosis (OFG) is an uncommon condition that is characterised by persistent enlargement of oral and maxillofacial tissue, accompanied by non-caseating granulomatous inflammation.<sup>1</sup> It was first described by Melkersson in 1928, and Rosenthal later coined the name Melkersson–Rosenthal syndrome (MRS) to represent the triad of chronic lip or face oedema, recurrent facial paralysis, and fissured tongue.<sup>2,3</sup>**

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The exact aetiology is unknown, but type IV (delayed) hypersensitive reaction appears to have a substantial impact, despite the fact that the antigen responsible for the immune response differs between patients.<sup>4</sup> Many food substances and food additives have been suggested to be associated with this condition, including wheat, dairy products, chocolates, eggs, peanuts, cinnamaldehyde, carbonyl piperitone, cocoa, carvone, carnosine, sun yellow dye and monosodium glutamate.<sup>1</sup> Dental materials, such as cobalt and amalgam restoration also suggested in literature.<sup>5,6</sup> The clinical features of OFG comprise labial (upper and/or lower lip) enlargement, oral ulcers, mucosal swelling (cobblestoned appearance), mucosal tags, gingival enlargement, fissuring of tongue, facial nerve palsy, facial swelling and erythema, and cervical lymphadenopathy (if severe).<sup>7</sup> The differential diagnosis of OFG are Crohn's disease, sarcoidosis, allergic angioedema, Miescher's cheilitis, Melkersson-Rosenthal syndrome, cheilitis glandularis and tuberculosis.<sup>7</sup>





# column

## oral medicine

### Diagnosis

The diagnosis of OFG is based on the clinical history and histopathology (deep incisional biopsy is required as the non-caseating granulomas reside in submucosa). Other investigation could be used to excluded conditions such as Crohn's disease (faecal calprotectin and endoscopy), sarcoidosis (serum angiotensin-converting enzyme and chest x-ray), and tuberculosis (Tuberculin skin test or QuantiFERON Gold blood test).

### Management

Although the aetiology of OFG is unknown, there is no curative therapy available. Rarely, spontaneous remission may occur. Many case studies have supported the use of a cinnamon- and benzoate-free diet and avoid food allergies.<sup>8,9</sup> When there is discomfort, aesthetic issues, or reduced function, treatment is indicated. Corticosteroids are the most often prescribed medications for OFG.<sup>10</sup>



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