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Abstract N°: 96

Oral papillomatous papules: what the heck!

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Introduction & Objectives:

Focal epithelial hyperplasia (FEH), is known as Heck's disease, is a virus-induced benign proliferation of the oral squamous epithelium occurring primarily in children and adolescents. It is caused by the human papilloma virus (HPV) serotypes 13 and 32 (1). Herein, we report a case of Heck's disease progressing since childhood in a Senegalese woman without immunodeficiency.

Materials & Methods:

A 29-year-old woman, originally from Senegal, presented with painless lesions in the oral cavity, lips and tongue. The lesions have been evolving since the age of 3 years with no other symptoms and no family history. She reported being treated in Senegal with acitretin for 2 years without improvement and was unaware of the diagnosis. The lesions were small but increased in size, prompting her visit to our department for a dermatological opinion.

Oral examination showed multiple mucosal colored nodular elevated lesions on the upper and lower lips, oral mucosa, and tongue. The clinical hypothesis was FEH. Therefore, a punch biopsy was performed from the right side of the tongue that showed epithelial hyperplasia with acanthosis, parakeratosis and koilocytosis. Furthermore, the HPV polymerase chain reaction subtyping detected HPV subtype 32 DNA, confirming the diagnosis of FEH. Serology blood testing of human immunodeficiency virus and other sexually transmitted infections (hepatitis B and C, syphilis) were negative. Standard blood tests were otherwise normal. We initiated a topical treatment with 5% imiquimod, applied twice a day for 6 weeks on the intrabuccal lesions. Follow-up consultation showed no improvement and the patient decided to not try other treatments.

Results:

FEH is a rare benign disease characterized by distinct multiple or single small painless white or mucosal colored papules that may coalesce to form large patches of mucosal involvement. This disease is prevailing in some ethnic groups such as Eskimos in Greenland and Indians resident in North, South or Central America (2). There is a higher reported rate in younger individuals with mean age of 23 years (1). Moreover, FEH is strongly associated with HPV particularly the non-oncogenic serotypes 13 and 32, the DNA of HPV being detected in up to 80.3% of FEH lesions (2). Although the diagnosis of FEH can sometimes be made by clinical examination biopsy is still the gold standard for definitive diagnosis (3). FEH can spontaneously regress in an average of months or years (1) although some patients have persistent lesions over many years as seen in our patient. In most cases, Heck's disease is asymptomatic. Treatment may not be required as the lesions are benign with no potential malignant progression (4). However, several therapies that can be prescribed in cases of pain, eating problems or cosmetic concerns. These may include CO2 laser, topical interferon beta, topical imiquimod, cryotherapy, laser ablation and surgical removal (5).

Conclusion:

FEH is a benign disease affecting the mucosa, caused by human papilloma virus commonly subtype 13 and 32. It

is not common but incidence rate is higher in certain ethnic groups. The disease often regresses spontaneously but different treatment options are optional.

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Abstract N°: 136

A comprehensive mucocutaneous activity index for Behçet's disease

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Introduction & Objectives:

Behçet's disease (BD) is an inflammatory multi-system disorder causing recurrent oral, genital ulcers, skin lesions including acne-like eruptions and erythema nodosum-like lesions, and uveitis, in addition to neurological and gastrointestinal manifestations. However, no specific biochemical or serological marker is currently present for the evaluation of disease activity in BD. In addition, no standardized mucocutaneous activity index is currently present to monitor clinical manifestations with mucocutaneous lesions. The present manuscript outlines a mucocutaneous activity index we developed.

Materials & Methods:

The mucocutaneous activity index consists of five elements (oral ulcer score, genital ulcer score, acne-like lesion score, erythema nodosum-like lesion score, and numerical rating scale (NRS) of pain with mucocutaneous lesions). Each lesion type is scored based on the count and size of the lesions over the last four weeks. To determine the oral ulcer score and genital ulcer score, doctors ask a patient how many ulcers and what size ulcers they had in their mouth over the last four weeks. To determine the acne-like skin lesion score, doctors ask a patient how many acne or acne-like skin lesions they had in their mouth over the last four weeks. To determine the erythema nodosum-like lesion score, doctors ask a patient how many erythema nodosum-like lesions and what size they had in their mouth over the last four weeks. To measure the NRS of pain associated with the mucocutaneous lesions, doctors ask a patient how much pain they feel associated with their conditions in their mouth over the last four weeks. The clinical data of the BD patients from our dermatology department between June and July 2023 were scored according to the mucocutaneous activity index to confirm whether the index could reflect clinical conditions.

Results:

We determined that there was moderate disease activity in six patients and mild disease activity in three patients. A 10-point NRS is a simple rating system that is commonly used globally in oral medicine to assess various diseases, such as atopic dermatitis. We found significantly positive correlations between the total score and the NRS of pain in the 9 patients with BD ($r = 0.885$, $p = 0.0015$). We found significantly positive correlations between the total score and numbers of oral ulcer in them ($p=0.0071$). Similarly, positive significant correlations were observed for the total score and size of oral ulcer in them ($p=0.0192$).

Conclusion:

Based on this correlation, we suggest that the mucocutaneous activity index could play some role in helping the decision-making process for treatment strategies in BD patients with mucocutaneous lesions. In conclusion, we here propose a comprehensive mucocutaneous activity index for Behçet's disease that is useful for daily practice and evaluating therapeutic efficacy in clinical trials.

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Abstract N°: 1192

Oral cavity disorders in hereditary ichthyoses

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Introduction & Objectives:

hereditary ichthyoses correspond to a keratinization anomaly of genetic origin, characterized by the accumulation of epidermal scales with or without epidermal hyperproliferation or dermal inflammation.

Materials & Methods:

We report on the different oral mucosal manifestations observed in fifteen patients with hereditary ichthyosis.

families with hereditary ichthyosis (lamellar and x-linked) are studied.

Results:

the first patient, a thirteen-year-old with lamellar ichthyosis, had a geographic tongue, while two brothers also had a normal oral mucosa.

Two first cousins with lamellar ichthyosis had an asymptomatic deep median fissure of the tongue, while the six-year-old brother and eight-month-old sister had normal oral mucosa.

A twenty-eight-year-old female patient with lamellar ichthyosis, and a seventeen-year-old patient with X-linked ichthyosis, presented with small, more or less deep fissures of anarchic disposition reminiscent of the appearance of a scrotal tongue.

Two sisters, aged twenty-eight and twenty-two with lamellar ichthyosis, presented with very superficial fissures of anarchic arrangement. In four patients with lamellar ichthyosis, the oral mucosa was completely normal.

Conclusion:

examination of the mucous membranes in ichthyosis needs to be more meticulous, since more than half of all patients present with a If cutaneous or phaneral manifestations have been increasingly individualized, oral mucosal involvement has only been reported in exceptional cases. these involve geographic tongue and fissured tongue.

Genotyping of patients will enable precise diagnosis and phenotypic correlation.

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Abstract N°: 1506

Thalidomide in the treatment of AIDS-related idiopathic ulcers.

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Introduction

AIDS-related idiopathic ulcers may be the first manifestation of the disease or occur in the latest stages of the infection. It presents as extremely painful, superficial, well-defined, and poorly infiltrated ulcers, with a clean base and variable sizes. It privileges the digestive tract but can also occur in the genital region. Due to their nonspecific nature, infections and neoplasms must be excluded before a diagnosis is settled, and sometimes therapeutic proofs are necessary.

Case Report

A 61-year-old male patient with penile ulcers was being unsuccessfully treated for herpes simplex for the past 3 years. He had a positive HIV serology for 9 years, with regular ARV treatment and an undetectable viral load, CD4+ 212 cells/mm3 and CD8+ 936 cells/mm3, aside from diabetes. He denied sexual intercourse and any other symptoms besides local pain. Dermatological examination showed confluent, friable, ulcerovegetative lesions, with abundant seropurulent exudate, affecting the distal portion of the penis, as well as phimosis and genital lichen sclerosus. There were no lymph node enlargements, urethral discharges or other skin lesions.

Laboratory tests were negative for syphilis, hepatitis, toxoplasmosis, cytomegalovirus, and HTLV 1-2 serologies. A histopathological exam ruled out infections or neoplastic origin. Over the following 6 months, he was treated for HSV, donovanosis, lymphogranuloma venereum, and chancroid, without any improvement, besides an ipsilateral lymphadenopathy. After a urological consultation, he underwent posthectomy and shaving of the lesions, but the histopathological exam showed a nonspecific mononuclear inflammatory cell infiltrate in the subepithelial layer, once again negative for infections and neoplastic diseases.

Since all other conditions were ruled out, the diagnosis of AIDS-related idiopathic ulcer was made. With the prescription of thalidomide 100mg BID he presented a great improvement after the first month and complete healing after 3 months of treatment.

Discussion

Although the pathophysiological pathways have not been fully elucidated, it is known that the patient's immune status is directly associated with the appearance and size of the lesions, and those with lower CD4+ and CD8+ T lymphocyte counts, and higher viral load appear to be at greater risk.

The exact mechanism of action of thalidomide is uncertain but improvement is described in the treatment of genital ulcers after 2 months in a dosage of 100-200mg per day. Thalidomide seems to inhibit pro-inflammatory responses, by reducing the expression of soluble mediators such as PGE2, TNF-α, IL-1 and IL-6. Due to its numerous side effects, especially in immunocompromised patients, its indications are restricted.

In the reported case, the patient showed dramatic improvement in his almost 6-year-old lesion, using thalidomide for 90 days. The complete resolution of this long-lasting uncomfortable condition not only improved the ulcers but also his quality of life.

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Abstract N°: 2293

Medical care of mucosal lichen planus patients in Germany: a multicenter cross-sectional study of the patient's journey from diagnosis to therapy

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Introduction & Objectives: Mucosal lichen planus is a rare, chronic inflammatory disease with erosive and non-erosive subtypes. Especially the erosive variant is accompanied by burning pain and the erosive subtype has also been described to have a higher risk of malignant transformation. A patient's journey can be arduous as diagnosis and therapy are challenging. Only glucocorticoids and acitretin are approved as systemic therapy.

We aimed to extend the knowledge of this disease by analyzing the patient's journey from symptom onset to therapy.

Materials & Methods: A total of 72 patients with diagnosed mucosal lichen planus who were treated in the dermatology departments of six German university medical centers between 02/2022 and 07/23 were included in this cross-sectional study. By means of structured questionnaires for the patient and the physician comprising sociodemographic characteristics, disease characteristics, current and previous dermatologic therapies, comorbidities, and previous treating physicians, and by a medical examination, a wide range of characteristics about the patient's journey were assessed.

Results: 75% of the cohort were female, and the** mean age of the patients was 62.3 years. Half of the cohort was mildly to moderately affected, while the other half was severely affected showing erosions, as assessed by White-Erosive-Atrophic (WEA) score. Mental stress was reported as the most common triggering factor (45.8%). Malignant transformation arising from mucosal lichen planus lesions was present in 7.7% (5/72) of the patients. On average, 18.1 months elapsed between the onset of symptoms and diagnosis. Until the correct diagnosis was made, an average of 3.1 different physicians of the same or different specialties were consulted. The correct diagnosis was most frequently made by dermatologists (41.7%). 28.1% of patients also had cutaneous involvement. The patients experienced pain (median numerical rating scale of 4), while itching and sleep disturbance were both rated by the patients with a median of 2.0. The mean Dermatology Life Quality Index score was 6.5 out of 30 indicating a moderate impact on the patient's life and the Hospital Anxiety and Depression Scale score was 14.0 out of 42. The cut-off score for a suspicious result for depression or anxiety is ≥ 14, and 56.9 % of the cohort (41/72) exceeded this value.

Therapeutically, both topical (90.3%, 65/72) and systemic (oral, 50.0% of patients, 36/72; intravenous, 33.3%, 24/72) glucocorticoids were most commonly used. Other commonly used systemic agents were retinoids (36.1%, 26/72), followed by hydroxychloroquine and methotrexate. Discontinuation of therapy occurred frequently both

with systemic agents and with topical therapies (69.2%, 110/159 and 44.1%, 79/179; respectively). Systemic agents were most frequently discontinued due to ineffectiveness (45.5%, 50/110). Satisfaction with systemic treatment for the more frequently used therapies was highest for intravenous glucocorticoids (moderate to high satisfaction: 59%), and lowest for retinoids with 8%.

Conclusion: In our study, we found that mucosal lichen planus was associated with a significant disease burden and possibly also with psychological comorbidity. Our study also highlights the need for increased awareness for mucosal LR among physicians as well as the unmet need for effective and well-tolerated licensed systemic therapies.

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Abstract N°: 4137

Mycoplasma pneumoniae-associated mucositis: an still youthful entity

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Case Report:

An 18-year-old male presented to the Emergency Department with a one-day history of acute onset of oral erosions. Over the preceding 7-10 days, he had complained of malaise, conjunctival hyperemia, odynophagia, and a nonproductive cough. He had not received any medication, nor did he report a history of herpes infection. Upon physical examination, he was febrile. Severe ulcerative stomatitis with painful coalescing erosions affecting mainly the lower lip, the buccal, and the palatine mucosa, extending into the oropharynx, was noted. Lung auscultation revealed subtle dispersed crackling.

Routine laboratory testing showed mild lymphopenia and thrombocytopenia, as well as elevated acute phase reactants. Serology for Epstein-Barr virus, cytomegalovirus, parvovirus B19, and HIV were negative. However, IgM for Mycoplasma pneumoniae (MP) was positive by ELISA. Polymerase chain reaction (PCR) panel of the oral exudate was negative for herpes simplex 1 and 2, human herpes 6 and 7, enterovirus, and adenovirus. A PCR of a nasopharyngeal swab was negative for respiratory syncytial virus, influenza A and B, and SARS-CoV-2. Chest radiograph detected bilateral alveolo-interstitial infiltrates.

He was admitted for supportive therapy and managed with intravenous methylprednisolone (0.5 mg/kg/day) and azithromycin. A formulation of triamcinolone 0.5% plus lidocaine 2% was applied twice daily. He was discharged after four days due to remarkable recovery.

Discussion:

Mycoplasma pneumoniae (MP) is one of the most common pathogens causing community-acquired pneumonia. In nearly 25% of young patients, it leads to extrapulmonary complications, such as myocarditis, hepatitis, encephalitis, autoimmune thrombocytopenic purpura, hemolysis, severe mucositis, and mild cutaneous involvement. The latter occurs in a quarter of cases and is characterized by sparse vesiculobullous and/or targetoid lesions. For many years, it has been considered within the spectrum of erythema multiforme (EM). Since 2014, some authors have recognized a new syndrome, “MP-induced rash and mucositis” (MIRM), due to its distinct features allowing differentiation from drug-induced Stevens-Johnson syndrome (SJS)/toxic epidermal necrolysis (TEN) and viral-associated EM.

Canavan et al. reported a male preponderance (66%), frequent prodromal symptoms, severe and multiple mucosal involvement, an excellent response to corticosteroids and antibiotics, minimal respiratory and ocular sequelae, and a low rate of skin recurrences (8%). Amode et al. added the more common atypical targets with non-acral distribution and a TEN-like histological pattern. The suggested pathogenic hypothesis is immune complex deposition, contrasting with SJS/TEN or EM caused by a type IV delayed hypersensitivity reaction and by Fas-ligand-mediated cytotoxicity.

Recent literature suggests expanding the nomenclature, as other infections (Chlamydophila pneumoniae, influenza B) cause a clinically similar presentation, proposing the term reactive infectious mucocutaneous eruption (RIME).

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Abstract N°: 4573

Gingival fibromatosis as a genetic transmitted disease

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Introduction & Objectives: Gingival fibromatosis is a hereditary disease, autosomal dominant, manifested during adolescence or later by enlargement of gingival fibro mucosa.

Materials & Methods: A 29 years old male presents in emergency dental service with acute symptomatology on first superior molar, intense pain and gingival enlargement. After the treatment of the symptoms we recall the patient for a detailed investigation. The patient reports a modified gingival for two generations on the mother side.

Results: The gingival mucosa had a normal aspect during childhood, the modifications occurred after the age of 14.

The patient presents a generalized gingival enlargement, dense and diffuse, with smooth surface, normal color of the mucosa, non painful and with no signs of bleeding. The gingival mucosa covers part of the teeth. The firm character the gingival enlargement produced malposition on the adjacent teeth.

Gingival fibromatosis can be a part of a general syndrome (BOURNEVILLE disease or tuberous sclerosis) when is associated with hypertricosis, epilepsy, mental retardation. Our patient doesn`t present any general symptoms.

Conclusion: Differential diagnostic is made with gingival hyperplasia induced by drugs (antiepileptic, imunosupressors, calcium channel blockers), acute leukemia (presents spontaneous hemorrhages or on small trauma) and other hereditary syndromes.

The treatment is surgical, by excising the excess gingival tissue. The gingival hyperplasia reoccurs after 1-2 years, and can be partially diminished by local hygiene.

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Abstract N°: 4957

Granuloma faciale with tarsal involvement

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Introduction & Objectives: Granuloma faciale (GF) is a rare non-infectious autoinflammatory dermatosis within the spectrum of chronic cutaneous small vessel vasculitis with unknown etiology. GF presents as reddish-brown to violaceous indurated papules and plaques with prominent telangiectasias usually located on the face. Extra facial forms are uncommon with a predilection to sun-exposed areas. Granuloma faciale is generally therapeutically resistant, therefore multiple treatment modalities have been described in the literature.

We present an uncommon manifestation of GF with the involvement of the tarsal mucosa

Materials & Methods: A 71-year-old Caucasian male presented in our department with a 2-year history of several gradually enlarging slightly pruritic indurated plaques with various sizes ranging up to 45x40mm on the parietal regions. Additionally, a yellowish gelatinous infiltrate was observed on the right tarsal mucosa of the inferior eyelid with no subjective symptoms. The patient had no systemic complaints. He had undergone therapy with topical ultrapotent corticosteroid Clobetasol propionate for 4 months with no improvement.

Results: Dermatoscopy of the lesions revealed multiple arborizing vessels corresponding to the telangiectasias, brown globules, and dots possibly consequent to the hemosiderin deposition, dilated follicular openings, and white streaks. Histopathologic examination demonstrated the so-called Grenz zone, dermal cellular infiltrate, leucocytoklasia, and storm-like pattern of distribution of the collagen fibers. Immunohistochemical staining revealed CD3+, CD68+, and CD20+ positivity in the infiltrate. To exclude Langerhans cell histiocytosis (LCH), we used an S-100 immunostaining marker, which detected a few cells. Differential diagnoses included sarcoidosis, lymphoma, lupus vulgaris, lupus erythematosus, Langerhans histiocytosis, erythema elevatum diutinum (EED), etc.

We initiated systemic glucocorticoid therapy of Methylprednisolone 40mg/24h with gradual dosage reduction, topical tacrolimus 0.1% ointment, applied twice daily, and 6 procedures of cryotherapy with a cryo gun with almost complete reduction of the lesions.

Conclusion: The pathogenesis of GF remains unclear, it is thought to be a CD4-mediated disease with IFN-gamma production leading to the expression of ICAM-1 adhesion molecules that induce an inflammatory cascade. Environmental factors, primarily actinic exposure may trigger the response. Multiple therapeutic options have been described for treating GF with no clear guidelines. We demonstrated a case report of GF involving the scalp and tarsal mucosa with excellent therapeutic response.

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Abstract N°: 5708

Vulvar Crohn's disease: An exceptionnal localization!

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Introduction & Objectives:

Crohn's disease (CD) is a chronic inflammatory intestinal disease with polymorphous skin manifestations. Vulvar localization is rare and may be either isolated, revealing the disease, or associated with digestive manifestations. Treatment is difficult and not well codified.

Materials & Methods:

We present four cases of vulvo-perineal involvement of CD to review the various clinical aspects as well as the diagnostic and therapeutic challenges of this particular location.

Results:

Patients were aged between 17 and 49; two had a history of chronic diarrhea and abdominal pain with relapsing-remitting episodes, while the other two had no medical history.

The clinical appearance was polymorphous: the first patient presented with a pseudotumorous appearance dating about 4 years ago, characterized by hard vulvar lymphoedema associated with pseudocondylomatous lesions in the vulvar region and an oral enanthema. The 2nd patient had an inflammatory aspect of the labia majora associated with cheilitis and labial and nasal oedema over a 10-year period.

The 3rd patient had pseudo-condylomatous lesions of the perianal area and labia minora for 4 years, and the 4th patient had papulo-nodular lesions of the labia and inguinal folds.

All patients presented with rhagades ulcerations in the inguinal folds.

Vulvar skin biopsy of these 4 patients revealed an epithelioid and giant cell granuloma of the dermis without necrosis. Gastrointestinal fibroscopy revealed gastrobulbitis, duodenitis and colitis in the 1st patient while there were no abnormalities in the other patients.

All patients were diagnosed with localized Crohn's disease and were treated with metronidazole combined with sulfasalazine, azathioprine or oral corticosteroids in the case of the last patient presenting with a highly inflammatory form.

Conclusion:

Vulvar Crohn's disease is a chronic pathology that impacts patients' quality of life and requires long-term surgical and medical management. It requires a multidisciplinary approach involving gastroenterologists, dermatologists, gynecologists and pathologists.

The vulva may present with multiple dermatological manifestations: oedema, labial hypertrophy,

lymphangiectasia, stab ulcerations, abscesses and fistulae. Histological findings, such as the presence of non-caseating granulomas, granulomatous vasculitis or dermal lymphangitis, can help confirm the diagnosis. The main differential diagnoses to consider are condyloma, vulvar intraepithelial neoplasia and acquired lymphangiectasia.

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Abstract N°: 6197

A diagnostic dilemma: verrucous lesion of the tongue

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Introduction: Verrucous carcinoma (VC) or Ackermann's tumor is a rare variant of well differentiated squamous cell carcinoma. In the oral cavity, the buccal mucosa and lower gingiva are the most common sites. We report here a rare case of VC of the tongue.

Observation: A 55-year-old man presented with history of a proliferative growth on the right side of tongue since the last two months. The lesion was gradual in onset and progressively increasing in size. The patient had an addiction to smoking. He also reported tobacco chewing and occasional alcohol consumption for the past 20 years. On examination all vital signs were within normal limits and no lymphadenopathy or asymmetry of the face was noted. Intraoral examination revealed a solitary exophytic sessile mass with a whitish surface, involving the right half of the tongue, measuring 1x1.5 cm. Biopsy from the tongue lesion was compatible with VC. Ultrasonography did not detect cervical lymph node metastasis. The patient underwent right hemiglossectomy. Post-operative histopathology confirmed VC. A staging of pT1N0M0 was made according to the pathological TNM classification. No local recurrence or distant metastasis was observed at three months follow-up.

Discussion: VC is a variant of well differentiated squamous cell carcinoma. In the oral cavity, VC constitutes 2 to 4.5 % of all forms of squamous cell carcinomas. It mainly occurs in males above 50 years of age. The buccal mucosa and lower gingiva are the common sites and involvement of the tongue is rare. Human papillomavirus infection and smoking are the main recognized etiologic factors. The diagnosis of VC is based on clinical and pathological findings. Clinically, VC usually presents as a characteristic exophytic mass or a cauliflower-like lesion, with a slow growth. On pathological examination, the typical features of VC are infiltration of all rete ridges to the connective tissue in the same depth which forms pushing borders. Dysplastic features are usually absent. In some cases, superficial biopsies will only show hyperkeratosis, acanthosis and benign papillomatosis, consequently VC can be mistaken as a benign lesion (oral verrucous hyperplasia or oral squamous papilloma). Surgical excision is the main treatment of choice for VC.

Conclusion: The similarities between VC and other benign lesions usually cause clinical misdiagnosis and mistreatment. Thus, deeper biopsies and discussion between clinicians and pathologists are necessary.

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Abstract N°: 6524

Stress Levels and Psychological Profiles of Patients with Oral Lichen Planus and Burning Mouth Syndrome: A Comparative Study

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Introduction & Objectives: The objective of our study was to assess the association between psychological characteristics and the levels of salivary stress biomarkers (SSB) in patients with oral lichen planus (OLP) and those with primary burning mouth syndrome (BMS).

Materials & Methods: This research enrolled 60 individuals diagnosed with OLP, 60 with BMS, and 40 control participants. Each participant underwent psychological assessment using the Depression, Anxiety, and Stress Scale (DASS-21). The Visual Analog Scale (VAS) was used to evaluate the severity of pain and/or burning experienced by patients diagnosed with OLP and BMS. SSB (salivary α-amylase and cortisol) were evaluated by enzyme-linked immunosorbent assays (ELISAs).

Results: Individuals with BMS had significantly higher VAS scores compared to those with OLP (7.0 vs. 3.5) ($p<0.001$). Patients diagnosed with BMS exhibited significant elevations in scores for depression, anxiety, and stress when compared to OLP patients and individuals in the control group ($p<0.001$, Kruskal–Wallis test). Stress emerged as the predominant psychological disorder among patients diagnosed with OLP and BMS, with stress scores being twice as elevated in BMS patients compared to those with OLP. Moreover, individuals with BMS exhibited depression scores ten times higher than patients with OLP. In patients with OLP, significant positive correlations were observed between anxiety and depression ($r=0.643$, $p<0.001$), stress and depression ($r=0.720$, $p<0.001$), and stress and anxiety ($r=0.696$, $p<0.001$). Significant positive correlations were identified in patients with BMS between anxiety and depression ($r=0.652$, $p<0.001$), stress and depression ($r=0.793$, $p<0.001$), as well as stress and anxiety ($r=0.705$, $p<0.001$). In patients with BMS, a positive correlation was observed between symptom intensity and psychological profile, specifically depression ($r=0.373$, $p=0.003$), anxiety ($r=0.515$, $p<0.001$), and stress ($r=0.365$, $p=0.004$). BMS patients exhibited higher levels of salivary cortisol concentrations and α-amylase activity (0.52 vs. 0.44 µg/dL; 160,531 vs. 145,804 U/L, respectively) in comparison to OLP patients. However, there was no significant variance in salivary cortisol concentration and α-amylase activity between OLP or BMS patients and control subjects ($p=0.31$; $p=0.54$). The association between SSB and psychological disorders was stronger in patients with BMS than in patients with OLP.

Conclusion: BMS patients exhibited depression scores that were ten times higher and anxiety and stress scores that were twice as high compared to OLP patients. Additionally, a positive correlation was observed between anxiety and depression, stress and depression, as well as stress and anxiety in both patient groups. BMS patients had higher SSB and stronger associaton between SSB and psychological disorders compared to OLP patients.

These results suggest the need for mutidisciplinary approach in treating patients with OLP and BMS.

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Abstract N°: 6784

Oral erythroleukoplakia: a collaborative endeavor between a dermatologist and a maxillofacial surgeon

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Introduction & Objectives:

Neoplasms located in the oral cavity pose a significant challenge for both dermatologists and oro-maxillofacial surgeons, requiring early detection and personalized treatment strategies. Erythroleukoplakia, a rare premalignant condition, presents a greater risk of malignant progression compared to other leukoplakic lesions, emphasizing the critical need for timely detection. The objective of this case report is to underscore the deceptive characteristics of a lesion that may initially appear premalignant but ultimately proves to be malignant in nature, thereby influencing the therapeutic decision-making process.

Materials & Methods:

We present a case involving a Caucasian male who presented to our department with lesions consistent with oral erythroleukoplakia.

Results:

A 47-year-old male was admitted to our clinic due to the presence of painless pelvilingual white areas interspersed with red patches having a bleed tendency and concurrent functional masticatory difficulties. A thorough history and anamnesis revealed that the patient is a heavy smoker, regularly consumes alcohol, and the onset of the lesion occurred approximately 6 months before his admission. Upon local examination, in addition to the aforementioned lesions, poor oral hygiene, dental cavities, and halitosis were noted. Initially, the diagnosis considered was hyperplastic candidiasis, given the patient's history, along with considerations of erosive oral lichen planus, oral pemphigus, lupus erythematosus, oral erythroleucoplakia and non-homogeneous leukoplakia. However, all mycological, bacteriological, and immune testing returned negative results, prompting a biopsy. The initial histological diagnosis indicated high-grade dysplasia, leading to the patient's referral to the oral and maxillofacial service.

The initial surgical intervention involved a left hemiglossectomy and partial oral pelvectomy to excise the entire lesion. Subsequently, the excised fragments underwent histopathological examination and immunohistochemical staining, revealing basaloid non-keratinizing squamous cell carcinoma associated with HPV infection. Following this diagnosis, the surgeons proceeded to ensure oncologically safe margins through additional intervention, including a cervical extensive left lymph node dissection. Following the surgical procedures, the patient underwent adjuvant radiotherapy to ensure complete remission.

Conclusion:

The management of oral erythroleukoplakia revolves around promptly identifying dysplastic lesions and providing suitable treatment to halt the progression to malignancy. Nonetheless, as demonstrated in the present study,

clinical diagnosis, despite being backed by the physician’s expertise, may occasionally be deceptive, potentially concealing malignant lesions beneath the surface.

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Granulomatous cheilitis of Miescher: a rare entity

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Introduction & Objectives:

Granulomatous cheilitis (GC), also called Miescher cheilitis, was first described by Miescher in 1945, as a rare idiopathic inflammatory disorder. It's characterized by chronic persistent, painless swelling of the lips with noncaseating granulomatous infiltration.

We report a case of monosymptomatic GC in a 34-year-old woman.

Materials & Methods:

A 34-year old woman presented to our dermatology department, with a 12 years history of unrelenting upper lip swelling. The swelling gradually increased in size to involve the whole lip. She had no history of local trauma, atopy, or applied irritants.

History revealed that she had been treated with oral antihistamines and corticosteroids which showed partial response but later became unresponsive.

On examination, her upper lip and the perioral area were diffusely swollen, firm, and non-tender, with areas of scaling in the upper lip. The tongue was normal-appearing and there was no associated regional lymphadenopathy. Facial nerve examination was also normal. There was no history of fever, gastrointestinal symptoms, fatigue, or weight loss.

Results:

The complete blood counts were within normal limits. Her serum calcium and ACE (Angiotensin-converting enzyme) were within normal limits. Chest radiography was normal

A biopsy from the upper lip showed a granulomatous cheilitis.

We started doxycycline 200mg once daily during 3 months without improvement

Then, she was treated with intralesional methylprednisolone at 80 mg/ml. 4 sittings of intralesional steroid were given every 4 weeks associated with 400mg/day of hydroxychloroquine during 3 months. Now patient showed nearly 80% improvement and she is on follow up.

Conclusion:

The etiology of GC is still unknown. Several postulated factors include, Genetic Chromosome 9p11, Immunologic factors—GC is characterized by T helper 1 mediated immune response, Allergic factors—allergy to dental materials, foodstuff, food additives, Hypersensitivity to UV-B radiation, as part of Crohn disease

GC should be considered in the differential diagnosis of unrelenting swelling in the lip. Spontaneous remission is rare, and recurrences are common. Corticosteroids used for treatment provide temporary improvement.

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Abstract N°: 7180

Plasma cell cheilitis: The benign imitator of lip carcinoma

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Introduction & Objectives: Plasma cell cheilitis (PCC) is a rare, benign, chronic inflammatory disorder of the lips characterized by dense infiltration of plasma cells. The etiopathogenesis is unknown but it can be associated with various factors such as chronic sun exposure, tobacco use, and contact with irritants, lip biting, among others.

Materials & Methods: A 51-year-old female farmer presented to the outpatient department with a one-year history of raw areas and swelling of her lower lip associated with photosensitivity. She also noted hard swellings in her neck. She had a significant history of tobacco chewing.

Clinical examination revealed multiple ill-defined erosions on the lower lip, which were indurated and tender, with associated violaceous pigmentation of the oral mucosa. Examination of the neck showed submandibular and upper cervical lymphadenopathy, which was hard and tender but not fixed to surrounding structures. The history and examination findings led to a strong suspicion of lip carcinoma following which histopathological examination of the lip erosion was performed.

The histopathological findings revealed a sheet-like infiltration of monomorphic plasma cells in the submucosa, without atypia, mitotic figures, or pleomorphic features, favouring a diagnosis of plasma cell cheilitis. HIV, HBSAg and VDRL tests were negative.

She was administered a short-course of systemic and topical steroids, under antibiotic coverage. The patient reported rapid improvement in the erosions, and the lymphadenopathy subsided. Follow-up did not reveal any recurrence of symptoms.

Results: Plasma cell cheilitis is a rare benign entity, carrying a favourable prognosis. Clinical features include erosions, ulcers, nodules or papillomatous growth. It should be considered as a differential diagnosis in patients with certain environmental and occupational risk factors, thus alleviating unnecessary anxiety associated with the suspicion of malignancy. Since PCC presents with clinical features overlapping with other diseases, it poses a diagnostic dilemma, and thus histopathological examination plays a crucial role.

Conclusion: This case highlights the importance of considering plasma cell cheilitis when evaluating lesions on the lip and its successful management with steroids.

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unusual presentation of mucosal herpes virus infection: case report of hemitongue swelling in an immunocompromised adolescent

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Introduction & Objectives:

Mucosal herpes infections typically present with characteristic lesions; however, atypical manifestations can pose diagnostic challenges, especially in immunocompromised individuals. We present a unique case of mucosal herpes involving the hemitongue in a 14-year-old immunocompromised adolescent

Case report:

We report a case of a 14-year-old immunocompromised adolescent, with a significant medical history of acute myeloblastic leukemia (AML) with meningeal involvement and left facial paralysis. Eighteen days after her first induction chemotherapy regimen, which included Aracetine, Doxorubicin, and Etoposide, along with an intrathecal injection, she developed acute painful swelling of the right hemitongue. On examination, two small, extremely painful ulcerations were observed, topped with necrotic hemorrhagic crusts.

Dermoscopic examination revealed an erythematous background surmounted by hypertrophied papillae and two hemorrhagic crusts.

Given the acute and painful nature of the presentation, in conjunction with the patient's immunocompromised status, a diagnosis of mucosal herpes involving the hemitongue was suspected. Initial swabbing revealed HSV-1 positivity.

The patient was initiated on intravenous acyclovir therapy 10mg/kg/8h, resulting in a remarkable improvement within 48 hours, with complete regression of pain and swelling.

Discussion:

Primary HSV infections typically occur in early childhood and are characterized by systemic symptoms such as fever, headache, and malaise, followed by oral vesicles and ulcers. Recurrent infections, most commonly present as herpes labialis following an exposure to a trigger. Although most recurrent herpes infections occur on the lips and heavily keratinized mucosa of the palate and gingiva, immunocompromised individuals may exhibit atypical intraoral presentations involving any mucosal surface. Immunosuppressed patients with HSV infection generally respond well to acyclovir administered orally or intravenously.

Differential diagnosis included Internal Carotid Artery Dissection, in which unilateral tongue swelling is a rare manifestation, associated with a Collet Sicard Syndrome and reflecting a hypoglossal nerve paralysis. This diagnostic consideration stemmed from the patient's medical history of AML with cerebral and meningeal involvement. However, the rapid onset and progression of symptoms, coupled with the positive HSV-1 swab, supported the diagnosis of mucosal herpes

No other articles were found to cite hemitongue swelling as a manifestation of mucosal herpes, underscoring the

uniqueness of this case.

Conclusion:

This case emphasizes the importance of recognizing atypical presentations of infections, such as mucosal herpes, especially in immunocompromised patients. Prompt initiation of treatment, without waiting for virological and bacteriological results, enhances the likelihood of timely intervention and improves the quality of life for these patients. In cases of treatment resistance, maintaining vigilance for other possible diagnoses based on the patient’s background and clinical context is crucial

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Cheilitis granulomatosa of Miescher in context of Melkersson-Rosenthal syndrome

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Introduction & Objectives:

Cheilitis granulomatosa is a rare chronic disorder that presents with a recurrent swelling of one or both lips. It may be accompanied by redness and swelling of the whole face. Cheilitis granulomatosa is condition with characteristic manifestation, unknown etiology and difficult treatment. It affects approximately 0.08% of the population, predominantly women in their 2nd – 4th decade of life.

Materials & Methods:

A 49-year-old woman who presented with orofacial edema and fissured tongue for the last 10 years. Any comorbities or family history were reported. There is no data on medication, food, insect allergy, atopy or asthma. The diagnostic workup included clinical recognition, histopathology of a skin lesion, laboratory tests

and native CT of the head (to exclude deformity of canalis Nervi facialis in reference to Melkersson- Rosenthal syndrome).

Results:

The histology of skin lesion revealed oral mucosa with an insufficient inflammatory infiltrate and slight oedema. Higher microscopic amplification shows ectasia of lymphatics next to rare loose granulomas. Laboratory examination showed increased erythrocyte sedimentation rate (51mm/h) and C-reactive protein (12.5mg/L).

A systemic therapy with Dexamethasone 4mg/24h and Ceftriaxon 2g/24h was initiated. There was no significant improvement.

As a second line, Dapsone therapy was started with a gradually decreasing dose of 50mg-25mg/per day. Meanwhile glucose-6-phosphate 1-dehydrogenase (G6PD) and Methemoglobin levels are being monitored.

Conclusion:

Cheilitis granulomatosa of Miescher usually presents with** recurrent or persistent idiopathic orofacial edema due to granulomatous inflammation.

There is still no effective therapy for this condition. The set up symptomatic therapy targets to avoid recidives , especially in the edematous stage. The aim of the treatment is to improve patients appeareance and quality of life. The spontaneous vanishing of the disease is very rare but has been reported.

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Abstract N°: 7538

Hairy Tongue: A Surprising Effect of Chemotherapy in the Treatment of Laryngeal Cancer

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Introduction & Objectives: Hairy tongue, also known as black hairy tongue, is a condition characterized by elongation and discoloration of the filiform papillae on the dorsal surface of the tongue. Although generally considered benign, this condition can pose diagnostic and management challenges.

Materials & Methods: none

Results:

A 70-year-old man, hypertensive and a chronic smoker for 54 years, treated for moderately differentiated infiltrating keratinizing squamous cell carcinoma of the larynx by total laryngectomy and bilateral neck dissection, followed by postoperative radiotherapy and chemotherapy. The patient experienced decreased taste sensation after his first chemotherapy session, with no other oral complaints. On physical examination, a tongue with elongated filiform papillae and black discoloration was observed, with no other oral or dental lesions. A diagnosis of hairy tongue was made.

Discussion :

The case raises significant concerns regarding the oral health of patients with squamous cell carcinoma of the larynx treated by total laryngectomy and chemoradiotherapy. The presence of hairy tongue in this patient, with associated risk factors such as chronic smoking, requires appropriate management to avoid potential complications. Risk factors include smoking, dehydration, poor oral hygiene, and antimicrobial use. The patient was advised to gently brush his tongue with a toothbrush four times daily and to quit smoking. Close clinical follow-up was planned to assess the progression of his condition. Simple interventions such as gentle tongue brushing and smoking cessation may be effective in treating and preventing the recurrence of this condition. Regular clinical follow-up is recommended to monitor the patient’s condition and adjust the treatment plan as needed.

Conclusion:

This study also underscores the importance of a multidisciplinary approach to the management of head and neck cancer patients, integrating oncology specialists, maxillofacial surgeons, and dentistry to ensure holistic and personalized care.