

原文題目(出處)：	Psoriasis of the tongue. J Cranio-Maxillofac Surg 2009;37: 51-3
原文作者姓名：	Guido C.LIER, Ulrich MROWIETZ, Mona WOLFART, Patrick H. WARNKE, Jorg WILTFANG, Ingo N. G. SPRINGER
通訊作者學校：	Department of Oral and Maxillofacial Surgery, Department of Dermatology, Venereology and Allergology, Department of Prosthodontics, University of Kiel, Germany
報告者姓名(組別)：	Intern J組 莊銘賢
報告日期：	98.4.7

內文：

### Introduction

- Psoriasis is a common, chronic dermatologic disease
- Usually develops first in young adults
- Aetiology is unknown, but a multifactorial disease with heritable and exogenous factors is likely
- Various triggers: stress, streptococcal infections and certain medications (beta-blockers, antimalarials, lithium) are known to activate new episodes
- Pathogenesis:
  - ◆ characterized by an approximately 7-fold increase in turnover time of the epithelial cells.
  - ◆ Increased influx of dendritic cells from the peripheral blood in psoriatic skin lesions
- **Psoriasis vulgaris** is the most common form of the disease
  - ◆ Clinical: a cutaneous erythematous plaques covered by white or silvery scales. Size varies from only a few pinpoint lesions to large plaques. These lesions are found on the scalp and extensor areas of extremities.
  - ◆ Histology: Parakeratosis, acanthosis and spongiosis with budding of the tips of the rete ridges and thinning of the suprapapillary plate are usually found
  - ◆ **Munro abscesses**, migration of polymorphonuclear leucocytes through the epithelium with the formation of intraepithelial microabscesses
  - ◆ Within the dermis, at the tip of the connective tissue papillae, the capillaries show dilatation and tortuosity and a mixed inflammatory cell infiltrate is commonly seen
- The occurrence of true psoriatic lesions on mucous membranes is disputed. Today it is thought that involvement of the oral cavity is rare but does exist
  - ◆ Total of only 64 cases of oral psoriasis (1903~2005)
  - ◆ Lips, buccal mucosa, gingivae, palate, tongue and floor of mouth.
  - ◆ 11/64 cases with true psoriatic lesions on the tongue
  - ◆ histopathological findings in oral mucous membranes are assumed to be similar to those found in skin lesions

### Case report

A 61 year old Caucasian man presented to the Prosthodontics Clinic on routine oral examination, and a persistent white lesion on his tongue was evident. He was referred to the Dept. of OS, University Hospital Schleswig-Holstein, Campus Kiel. The Skin examination showed psoriatic lesions on the right leg and face.



◆ **Past medical history:**

- Did not reveal any other known disease or allergies
- Not taking any medications
- At the age of 45, he was diagnosed of psoriasis vulgaris over his head at the Dept. of Dermatology, Venereology and Allergology, University Hospital Schleswig-Holstein, Campus Kiel.

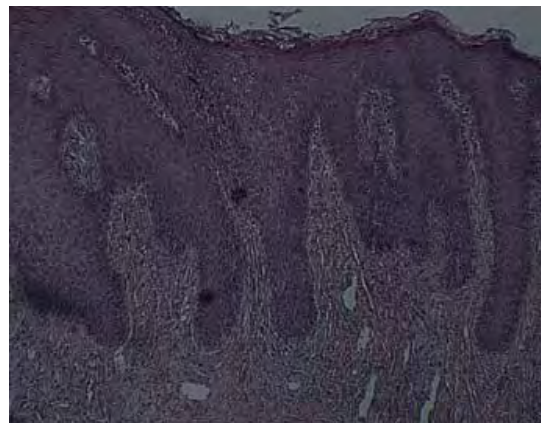
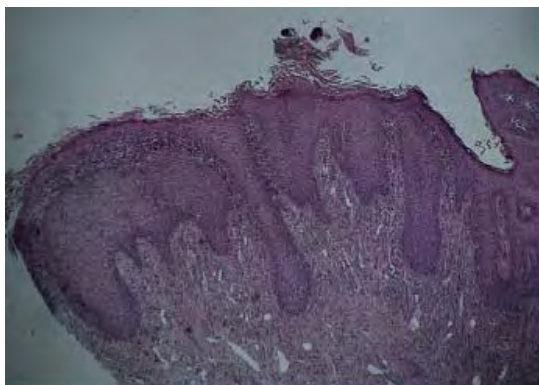
◆ **Intra-Oral examination:**

- Partially edentulous
- The tongue was oedematous with a fissured dorsum covered by a thin white layer. The white “fur” observed was adherent and did not rub off
- Erythematous areas were evident laterally and at the tip of the tongue
- Remaining oral mucous membranes were not involved



◆ **Histopathological report:** (HE stain and PAS stain)

- Parakeratosis, acanthosis, psoriaform hyperplasia, long papillae and a superficial inflammatory infiltrate
- Small intraepithelial microabscesses (Munro abscesses) and superficial erosions were observed
- PAS stain: (-) for fungal hyphae




**Discussion**

- ◆ The differentiation from other oral diseases such as geographic tongue, fissured tongue, oral candidosis and the oral lesions of Reiter’s syndrome may be subtle
- ◆ The diagnosis is best made when the clinical features of oral lesions parallels that of skin lesions and is supported by histological investigations
  - Reiter’s syndrome: patient exhibited none of the other symptoms of the triad (conjunctivitis, urethritis, arthritis) associated with this disease
  - Oral candidosis: PAS stain (-)
  - Geographic tongue and fissured tongue: clinical and histological appearances did not match

**Conclusion**

- ◆ Examination of this patient excluded clinically and histologically similar conditions and strongly suggested a diagnosis of oral psoriasis
- ◆ Nevertheless, psoriasis with typical erythematous-squamous plaques had been diagnosed by dermatologists previously

題號	題目
1	<p>病人的tongue、hard palate、以及buccal mucosa會出現白色的斑點，這些白斑可以被刮除。在tongue上有central papillary atrophy的現象。下圖是病人的臨床照片，請問是何種病灶？</p>  <p>(A) Fissured tongue                  (B) Geographic tongue                  (C) Psoriasis                  (D) Oral Candidosis</p>
答案 (D)	<p>出處：Oral &amp; Maxillofacial Pathology, 2<sup>nd</sup> edition. Neville, Damm, Allen, Bouquot. P193</p>
題號	題目
2	<p>此病灶較常出現在頭皮、肘關節和膝關節的皮膚表層，較少出現在口腔組織。組織切片的特徵為表皮層會有parakeratin的增生造成hyperkeratosis，且epithelial rete ridges會變得比較長。有munro abscesses出現在parakeratin layer。請問是哪一種病灶？</p> <p>(A) Fissured tongue                  (B) Geographic tongue                  (C) Psoriasis                  (D) Oral Candidosis</p>
答案 (C)	<p>出處：Oral &amp; Maxillofacial Pathology, 2<sup>nd</sup> edition. Neville, Damm, Allen, Bouquot. P687~688</p>