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內文:

Introduction:

Crohn's disease (CD) is an immune-mediated disorder of the gastrointestinal(GI) tract, however, specific underlying etiology is still poorly understood. The lesions of CD can involve any portion from mouth to anus. Oral involvement is identified in up to 80% of patients. We describe a pediatric patient whose initial presentation of CD was multifocal gingival erythema and swelling.

Case report:

A 6 y/o male presented with painful and bleeding gingiva.

Patient's mother reported that the gingival changes began seven months ago and that the onset was not associated with any identifiable inciting events, including mechanical, thermal, and chemical trauma; dietary changes; CBC and other metabolic panels examinations were done and no abnormalities were found. His review of systems and family history were also of no significance.

Intraoral examination



Nodular swellings of the interdental papillae between the right permanent mandibular central and lateral incisors and pri- mary canine. An ulceration of the free gingival margin between the incisors is seen. Also noted is a linear ulceration with hyperplastic margins involving the alveolar mucosa.

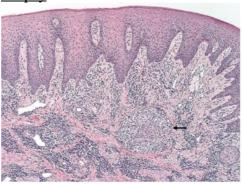


Mild mucosal erythema of the right anterior maxillary gingiva.



A demarcated area of mucosal erythema involving the left anterior maxillary alveolar mucosa.

Biopsy



There was a proliferation of fibrous connective tissue with a patchy infiltrate of lymphocytes and plasma cells.

Periodic Acid-Schiff (PAS), Grocott-Gomori's methenamine silver (GMS), and Acid-Fast Bacilli (AFB) stains were performed to rule out deep fungal infections and mycobacterial infections such as tuberculosis and leprosy as causes of the granulomas. All stains were negative.

The patient subsequently underwent endoscopic examination and biopsy which showed acute inflammation of the intestinal mucosa. A diagnosis of early Crohn's disease was made. The patient was placed on mesalamine, an anti-inflammatory aminos-alicylate, and azathioprine, an immunosuppressant

Discussion

In summary, we have described a 6-year-old male with oral lesions as his initial manifestation of CD. This case under- scores the importance of recognizing the variable, sometimes subtle, presentation of oral CD and performing necessary diagnostic procedures, such as biopsy for histopathologic confirmation. Astute identification of oral lesions is key as studies have shown that only a minority of patients will continue to exhibit oral findings at follow-up. In addition, it has been reported that the ability of physicians to identify oral CD was poor when a dentist's exam was used as a comparator. The dental practitioner is therefore in a unique position to detect oral CD, which may be the only manifestation of occult disease in patients who are otherwise asymptomatic.(一般內科醫師對於口腔檢查比較不在行,但往往CD的病人都比較會有口腔內的臨床特徵,因此,牙醫反而變得比較能在early stage時診斷出病人是否有CD) This may lead to early diagnosis, timely treatment, and ultimately a better outcome in affected patients.

題號	題目
1	Which age group is most associated with Crohn's Disease
	(A) 15-30
	(B) 30-40
	(C) 40-50
	(D) 60+
答案	出處:Neville 3 rd Edition
(A)	
題號	題目
2	Which of the following is not a common clinical symptom of Crohn's disease?
	(A) Bloody diarrhea
	(B) Peri-umbilical pain
	(C) Fatigue
	(D) Weight loss
答案	出處: Case Reports in Dentistry Volume 2015, Article ID 830472, 7 pages
(A)	