

# Granulomatous Diseases Affecting Jaws



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## KEYWORDS

- Granuloma • Bacterial infection • Viral infection • Parasitic infection
- Granulomatous lesion • Trauma • Autoimmune diseases

## KEY POINTS

- Identification of oral granulomatous lesions clinically and radiographically with histologic confirmation for a definitive diagnosis is the standard strategy.
- On occasion, the interventions can be undertaken by clinical and radiographic diagnosis alone to curtail the spread of the infection.
- As oral granulomatous lesions are rare, a thorough understanding of the mechanisms involved in the production of clinical symptoms is essential to identify these lesions at an early stage.

## INFECTIONS

### *Tuberculosis*

Tuberculosis (TB) is an airborne disease caused by the bacterium *Mycobacterium tuberculosis*. It spreads through air droplets. It mainly affects the respiratory tract and lungs via the nasal passage ([Table 1](#)).<sup>1</sup>

### *Clinical features*

Primary TB is associated with episodic fever, chills, fatigability, malaise, gradual loss of weight, and a persistent cough, which may be dry or productive. Secondary TB presents with fever, cough, chest pain, and hemoptysis. Military TB shows symptoms of acute febrile illness in children. However, in adults, it is insidious with gradual development of ill health, anorexia, loss of weight, and fever.<sup>1</sup>

Tuberculous lymphadenitis may progress to the formation of an actual abscess or remain as granulomatous infection. They are tender because of inflammation of the overlying skin with perforation and pus discharge.<sup>2</sup> More than 50% of the patients with AIDS have extrapulmonary TB lesions.

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**Table 1**  
**Diseases and etiologic agents**

Category/Disease	Etiologic Agent
<b>Infections</b>	
<b>Bacterial infections</b>	
TB	<i>Mycobacterium tuberculosis</i>
Leprosy	<i>Mycobacterium leprae</i>
Actinomycosis	<i>Actinomyces israelii</i>
Rhinoscleroma	<i>Klebsiella rhinoscleromatis</i>
Anthrax	<i>Bacillus anthracis</i>
Brucellosis	<i>Brucella melitensis</i>
Syphilis	<i>Treponema pallidum</i>
<b>Fungal infections</b>	
Histoplasmosis	<i>Histoplasma capsulatum</i>
Blastomycosis	<i>Blastomyces dermatitidis</i>
Phycomycosis	<i>Basidiobolus haptosporus</i>
Aspergillosis	<i>Aspergillus</i>
Cryptococcosis	<i>Cryptococcus neoformans</i>
Rhinosporidiosis	<i>Rhinosporidium seeberi</i>
<b>Parasitic infection</b>	
Leishmaniasis	<i>Leishmania</i> (through sandfly)
Myiasis	<i>Chrysomya bezziana</i>
Toxoplasmosis	<i>Toxoplasma gondii</i>
<b>Traumatic cause</b>	
Pyogenic granulomas	Trauma and local factors
Reparative granulomas	Trauma or inflammation
<b>Foreign body cause</b>	
Oral foreign body reaction	Inflammation
Cholesterol granulomas	Eustachian tube dysfunction
Cocaine-induced midline granulomas	Inflammation and necrosis
Gout	Excess uric acid
<b>Neoplastic</b>	
Langerhans cell histiocytosis (LCH)	Malignancy
Necrotizing sialometaplasia	Inflammation, trauma, reactive
Polymorphic reticulosis (lethal midline granulomas)	Epstein-Barr virus
<b>Unknown cause</b>	
Sarcoidosis	Unknown
Crohn diseases	Unknown
<b>Autoimmune and vascular diseases</b>	
Wegener granulomatosis	Autoimmune
Systemic lupus erythematosus	Autoimmune
Sjögren syndrome	Autoimmune
<b>Developmental</b>	
Melkersson-Rosenthal syndrome (orofacial granulomatosis)	Developmental

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