# Granulomatous Diseases Affecting Jaws



Baddam Venkat Ramana Reddy, BDS, MDS<sup>a</sup>, Kiran K. Kuruba, BDS, MDS<sup>a</sup>, Samatha Yalamanchili, BDS, MDS<sup>b</sup>, Mel Mupparapu, DMD, MDS<sup>C,\*</sup>

#### **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.

E-mail address: mmd@dental.upenn.edu

<sup>&</sup>lt;sup>a</sup> Department of Oral & Maxillofacial Pathology, Sibar Institute of Dental Sciences, Guntur, Andhra Pradesh, 522601, India; <sup>b</sup> Department of Oral Medicine & Radiology, Sibar Institute of Dental Sciences, Guntur, India; <sup>c</sup> Department of Oral Medicine, Robert Schattner Center, University of Pennsylvania School of Dental Medicine, #214, 240 South 40th Street, Suite 214, Philadelphia, PA 19104, USA

<sup>\*</sup> Corresponding author.

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