



Diagnostic Challenge

Oral rigidity and xerostomia in a 46-year-old man

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THE CHALLENGE

A 46-year-old man sought care at a large-scale urban community health center for routine dental care. He complained of increasing tightness, xerostomia, and difficulty opening his mouth that had begun approximately 12 months previously. These symptoms were accompanied by similar restriction of mobility with other flexor surfaces, including the axilla, upper arms, fingers, and lower back. Although the patient stated that there were no neurosensory disturbances, his lips and buccal mucosa lacked elasticity and demonstrated a maximum interincisal mouth opening of 30 millimeters (Figure 1). Palpation of other jointed surfaces revealed thick, scaly, inflexible epidermis that limited the full extension and flexion of the individual joints. The patient's digits also possessed a distinct pallor and poikilothermia, with signs of epidermal ulceration at the tips of the second, third, fourth, and fifth digits of the right hand and the third digit of the left hand (Figures 2-4). He reported that these sites had not experienced any known physical trauma, although the digits often became cyanotic when exposed to cold. The skin around the base of his neck and lower abdomen had a blue-green tone accompanied by circular fibrotic changes. There was no known family history of similar manifestations, signs, or symptoms.

The patient's medical history was clinically significant only for hyperlipidemia, for which he was using dietary management only. He denied any dental or systemic symptoms, including fevers, rashes, epidermal plaques, dizziness, or changes in vision. He also denied any known allergies, recent surgeries, or trauma, as well as a history of tobacco or recreational drug use. The patient reported a recent sensation of bloating, dysphagia, and esophageal reflux that seemed to have begun within the



Figure 1. Frontal clinical photograph demonstrating mildly restrictive maximum interincisal mouth opening of 30 millimeters.



Figure 2. Palmar (ventral) surface of patient's hands demonstrating notable pallor.

(Please see next page for additional images.)



Figure 3. Dorsal surface of patient's hands demonstrating distinct pallor.



Figure 4. Epidermal ulceration noted at the tips of the second, third, fourth, and fifth digits of the right hand and the third digit of the left hand.

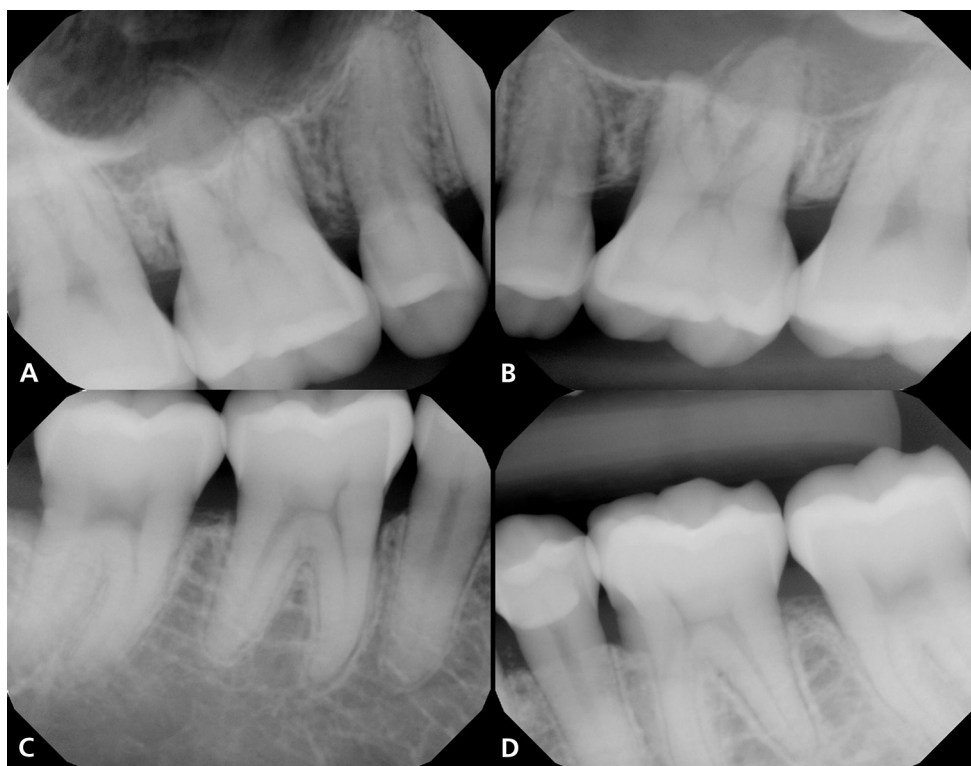


Figure 5. Periapical radiographs of (A) maxillary right, (B) maxillary left, (C) mandibular right, and (D) mandibular left molars demonstrating widening of the periodontal ligaments in each of the first molars.

past 3 months. His chest was clear to auscultation, and he denied any history of respiratory disorders or symptoms. He was not taking any regularly prescribed medications.

Results of clinical evaluation of the orofacial region demonstrated no apparent growths or ulcerative surfaces, although the skin of his malar and zygomatic areas was erythematous and marginally telangiectatic. The oral mucosal surfaces and alveolar gingivae were notably dry and xerostomic. Several areas of his dentition revealed new and recurrent cervical decay. His ocular conjunctivas did not demonstrate signs suggestive of xerophthalmia. Oral radiographic examination results revealed slight widening of the periodontal ligaments around several molars without clinically significant plaque or calculus (Figure 5).

Can you make the diagnosis?

- | | |
|-------------------------------------|-----------------------------------|
| A. graft-versus-host disease | D. porphyria cutanea tarda |
| B. stiff skin syndrome | E. eosinophilic fasciitis |
| C. oral submucous fibrosis | F. systemic sclerosis |

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