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## Short communication

# Orofacial plasmacytosis: a management conundrum

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**Abstract**

Plasmacytosis of the mucous membrane is a rare, benign, inflammatory condition of poorly understood aetiology that affects the mucous membranes. Most reported cases involve the gingival tissues, larynx, and occasionally the lips. We describe an interesting case of orofacial plasmacytosis that affected the lower lip, mandibular gingiva, and buccal mucosa. It mimicked an oral squamous cell carcinoma and presented a management dilemma.


*Keywords:* Orofacial; Plasmacytosis

## Case report

A 63-year-old man presented with a large, painful, ulcerating mass that extended intraorally from the left commissure of his mouth (Fig. 1). Clinically it appeared to be a fungating oral squamous cell carcinoma (SCC) that was destroying the lower lip and adjacent skin. It extended from the buccal mucosa and the buccal gingiva to the area around the lower wisdom tooth. He had bilateral level one cervical lymphadenopathy. Other than a degree of trismus, he had no other specific problems in the head and neck. He was a smoker but his general health was good.

A magnetic resonance image of the head and neck confirmed the clinical findings and suggested that the cervical lymphadenopathy could be reactive in nature. There was no radiological evidence of distant metastases.

Multiple biopsy specimens of the lower lip and gingival lesions confirmed a diagnosis typical of reactive plasmacytosis. Characteristic histological features included a mildly hyperplastic squamous epithelium, and a dense inflammatory cell infiltrate rich in plasma cells, neutrophils, and histiocytes in the subepithelial region (Fig. 2).

Immunohistochemical analysis showed that the plasma cells expressed CD138 and MUM1 but did not express CD20 or CD56, and confirmed expression of the polytypic light chains kappa and lambda. There were no histological features to suggest lymphoma, multiple myeloma, or SCC. The haematology multidisciplinary team did not favour use of chemotherapy or radiotherapy in view of the benign nature of the disease.

While various investigations were in progress the lesion improved considerably so we adopted a watch and wait approach. It gradually and spontaneously resolved over the next 6 months without active treatment, and at the last follow-up, the lip had completely healed and the gingival lesion had considerably reduced in size (Fig. 3).

## Discussion

Plasma cell mucositis, a benign idiopathic condition of the mucous membrane characterised by a dense plasmacytic inflammatory infiltrate, was first described by Zoon in 1952 in

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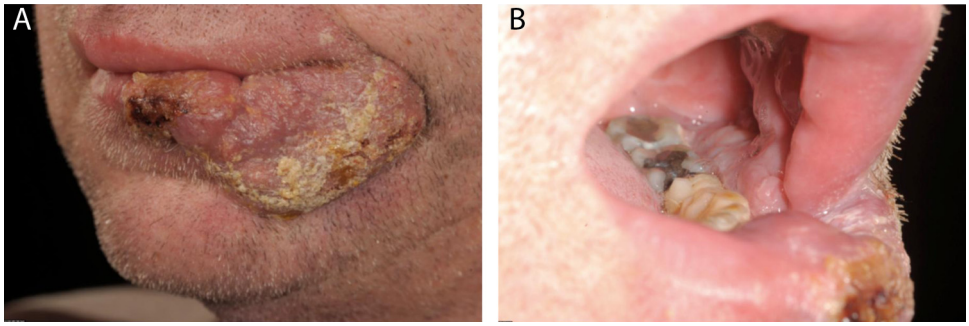


Fig. 1. (a) Orofacial plasmacytosis: lower lip at initial presentation. (b) Intraoral extension of lesion on to buccal mucosa and buccal mandibular gingiva.

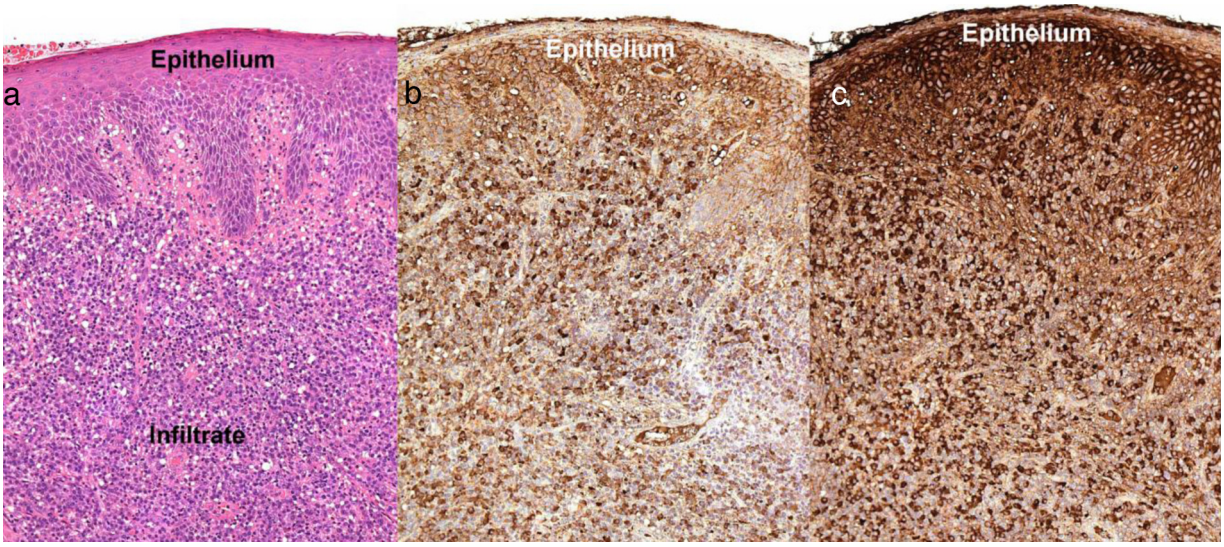


Fig. 2. Equivalent fields showing surface stratified squamous epithelium overlying a dense inflammatory infiltrate composed predominantly of plasma cells: (a) haematoxylin and eosin, (b) immunoperoxidase for kappa and (c) lambda light chains confirming polyclonality (all original magnification ×200).

the glans penis.[1] Oral lesions have been variously called atypical gingivostomatitis, idiopathic gingivostomatitis, allergic gingivostomatitis, plasma cell gingivitis, plasmacytosis of the gingiva, and plasma cell cheilitis.

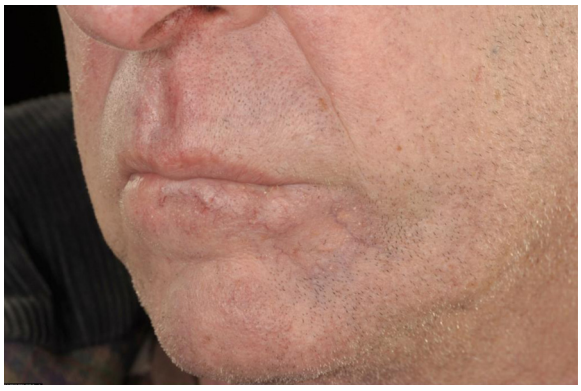

Fig. 3. Complete spontaneous regression of lesion on the lower lip at 6 months.

A review suggested that various allergens may cause plasmacytosis but no definite evidence could be found. Causative factors such as the use of toothpaste including herbal toothpaste, chewing gum, red peppers in cooking, and khat leaves in a Somali immigrant have been reported. Various treatments have been used, including corticosteroids, immunosuppressants, fusidic acid, excision, carbon dioxide laser excision, radiotherapy, cryotherapy, and withdrawal of suspected allergens, but evidence of their efficacy is limited (Table 1).

Our patient did not seem to have any systemic conditions or allergens that could have caused the condition and, as in many other case reports, his signs and symptoms resolved spontaneously over several months. A cautious approach to the use of immunosuppressants and radiotherapy should be adopted in view of the possibility of spontaneous regression, and the potential risk of malignancy in future.[10]

Plasmacytosis of the mucous membrane has no definite identified cause although allergens are postulated. Associated lesions may be found in the epiglottis, larynx, and genitals