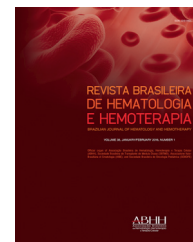




Revista Brasileira de Hematologia e Hemoterapia Brazilian Journal of Hematology and Hemotherapy

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Review article

Can dentists detect multiple myeloma through oral manifestations?

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ARTICLE INFO

Article history:

Received 29 March 2017

Accepted 24 August 2017

Available online xxx

Keywords:

Multiple Myeloma

Oral Manifestations

Mouth

Jaws

ABSTRACT

Objective: To review published data on oral manifestations of multiple myeloma.

Methods: An electronic database search was performed of articles published from 1971 to November 2016 in order to identify studies that reported oral manifestations of patients with multiple myeloma. Case reports and case series with oral manifestations of multiple myeloma in English were included in the study. An additional search was performed of the references of the selected articles.

Results: Thirty-seven articles that reported 81 patients with oral manifestations of multiple myeloma were selected: 30 case reports (82%) and seven case series (18%). The most common clinical features in the dental cavity were swelling (65.4%), bone pain (33.3%), paresthesia (27.1%) and amyloidosis lesions (11.1%). Osteolytic lesions detected on imaging exams were reported in the majority of the patients (90.1%) as plasmacytomas or 'punched-out' lesions.

Conclusions: Swelling and osteolytic lesions represent the most common clinical and radiographic signs of the jaws relating to multiple myeloma, respectively.

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Introduction

Multiple myeloma (MM) is a common bone malignancy of unknown etiology that affects mainly older age groups.¹ Nearly 80% of diagnosed MM is preceded by an asymptomatic

pre-malignant stage termed monoclonal gammopathy of undetermined significance (MGUS).² The classical form of MM is characterized by signs such as hyperCalcemia, Renal insufficiency, Anemia, and Bone lesions (CRAB).³ The main clinical signs and symptoms of MM are bone pain (accompanied or not by pathologic fractures), fatigue, infections and secondary

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<https://doi.org/10.1016/j.bjhh.2017.08.006>

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amyloidosis.⁴ Commonly, bone lesions may be represented by diffuse or localized osteolytic lesions, named plasmacytomas, or by a 'punched-out' pattern.¹ The maxillary and mandibular bones may be affected by these lesions,^{1,5-27} and nearly 35% of patients diagnosed with symptomatic MM present lesions in the jaws.²⁸

It is important that clinical manifestations of MM are recognized at early stages.⁵ Some features of MM may manifest in the oral structures and dentists should be able to detect lesions that may represent oral manifestations of MM during the routine oral clinical and imaging exams that are periodically performed for dental treatment.

The oral signs and symptoms of patients presenting MM are characterized by pain, bleeding, dysphagia, paresthesia and osteolytic lesions.²³ However, literature on the oral manifestations of MM is poor and mainly restricted to cases reports. The aim of this study was to perform a search of the literature on the oral manifestations of MM, highlighting the most common clinical and imaging findings of the oral cavity and related conditions.

Method

An electronic database search of the literature was performed in order to identify studies published from January 1971 to November 2016 that reported oral manifestations in patients with MM. The Pubmed/Medline database was used employing the mesh terms "oral manifestations" (and associated

entry terms "manifestation, oral" and "manifestations, oral") AND "multiple myeloma". Study criteria were applied and duplicated articles were eliminated. Clinical and epidemiological studies reporting oral manifestations of MM in English were eligible for the study. Reviews, letters to the editors, papers written in languages other than English, and those not available in the full version were excluded. An additional manual search was made of the references of the primary selection using the same criteria.

Results

Sixty-six different abstracts were found in the electronic database search. Twenty articles were selected after the elimination of articles published in languages other than English ($n=8$), articles published before 1971 ($n=5$), articles that did not address the topic ($n=20$), articles that were not found ($n=2$), and literature reviews ($n=11$). Three hundred and 63 articles were found in the manual search of the references of the selected articles. After applying study criteria to these references, 346 articles were excluded. Thus, 37 studies were selected for this review: 30 case reports (82%), and seven case series (18%). No epidemiological or intervention studies were found in the search. Figure 1 shows the flowchart for the study selection process.

The main clinical and radiographic features found in the 37 selected studies are shown on Table 1. In more than half of the studies (20 studies), these characteristics were

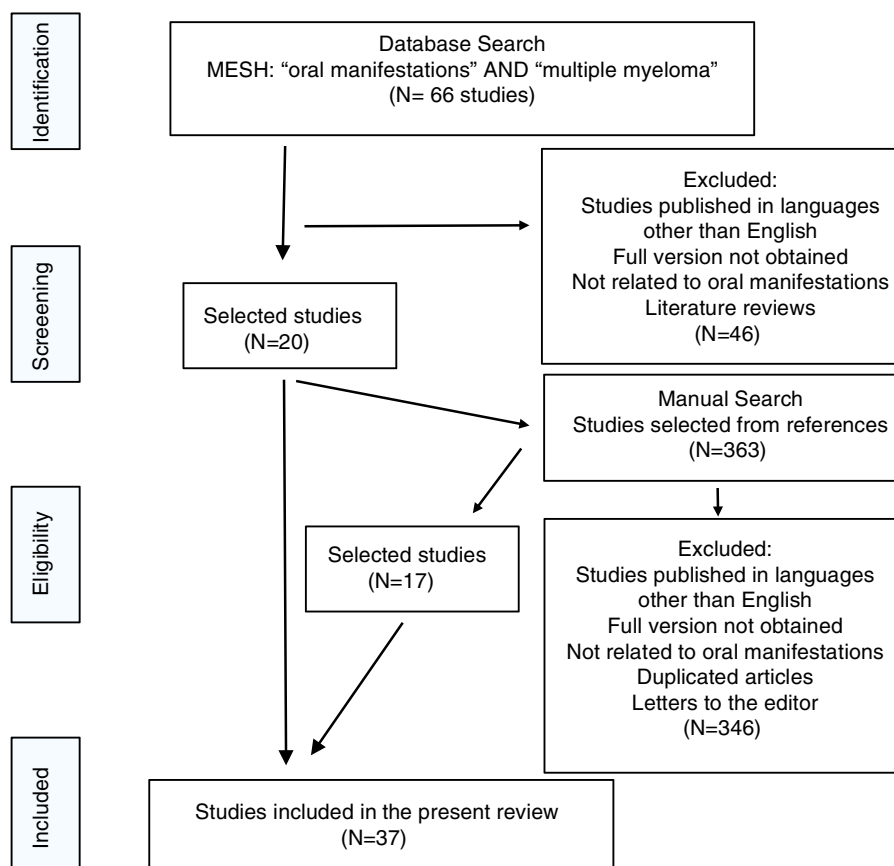


Figure 1 – Flowchart of the study selection process.

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