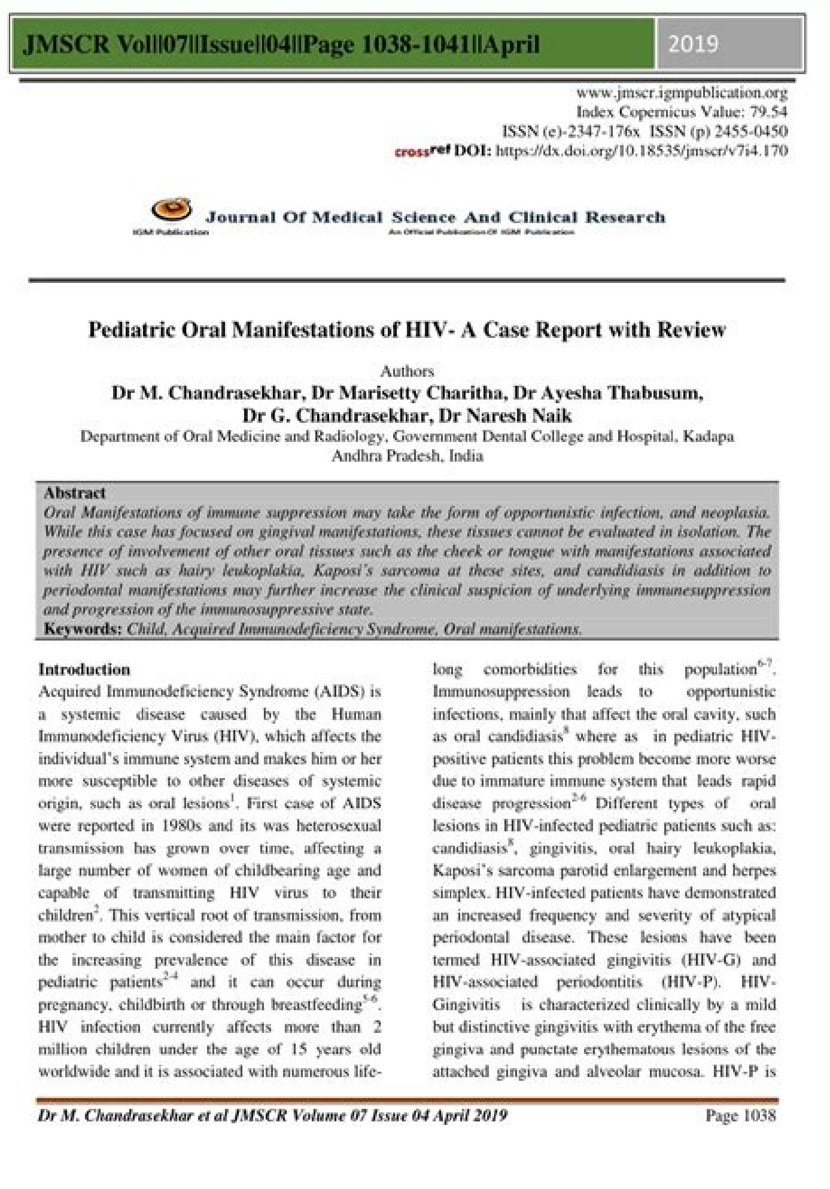
Oral manifestations of hypothyroidism a case report



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Pediatric Oral Manifestations of HIV- A Case Report with Review

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Abstract

Oral Manifestations of immune suppression may take the form of opportunistic infection, and neoplasia. While this case has focused on gingival manifestations, these tissues cannot be evaluated in isolation. The presence of involvement of other oral tissues such as the cheek or tongue with manifestations associated with HIV such as hairy leukoplakia, Kaposi's sarcoma at these sites, and candidiasis in addition to periodontal manifestations may further increase the clinical suspicion of underlying immunesuppression and progression of the immunosuppressive state.

Keywords: *Child, Acquired Immunodeficiency Syndrome, Oral manifestations.*

Introduction

Acquired Immunodeficiency Syndrome (AIDS) is a systemic disease caused by the Human Immunodeficiency Virus (HIV), which affects the individual's immune system and makes him or her more susceptible to other diseases of systemic origin, such as oral lesions[1]. First case of AIDS were reported in 1980s and its was heterosexual transmission has grown over time, affecting a large number of women of childbearing age and capable of transmitting HIV virus to their children[2]. This vertical root of transmission, from mother to child is considered the main factor for the increasing prevalence of this disease in pediatric patients[2-4] and it can occur during pregnancy, childbirth or through breastfeeding[5-6]. HIV infection currently affects more than 2 million children under the age of 15 years old worldwide and it is associated with numerous life-long comorbidities for this population[6-7]. Immunosuppression leads to opportunistic infections, mainly that affect the oral cavity, such as oral candidiasis[8] where as in pediatric HIV-positive patients this problem become more worse due to immature immune system that leads rapid disease progression[2-6] Different types of oral lesions in HIV-infected pediatric patients such as: candidiasis[8], gingivitis, oral hairy leukoplakia, Kaposi's sarcoma parotid enlargement and herpes simplex. HIV-infected patients have demonstrated an increased frequency and severity of atypical periodontal disease. These lesions have been termed HIV-associated gingivitis (HIV-G) and HIV-associated periodontitis (HIV-P). HIV-Gingivitis is characterized clinically by a mild but distinctive gingivitis with erythema of the free gingiva and punctate erythematous lesions of the attached gingiva and alveolar mucosa. HIV-P is

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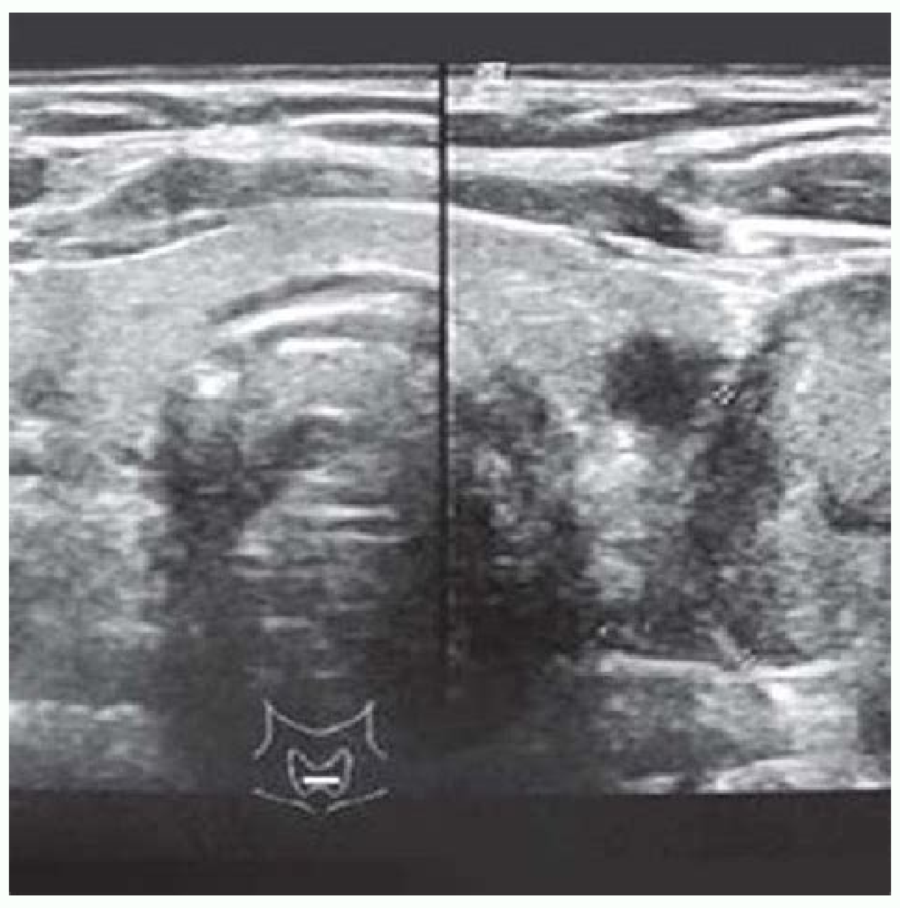

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Case report

ORAL MANIFESTATIONS OF CROHN´S DISEASE: A CASE REPORT

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Abstract: Crohn´s disease is a chronic inflammatory bowel disease still with unknown etiology. In 0.5–20% of patients, extra intestinal lesions in the oral cavity can be presented in forms of orofacial granulomatosis, cobblestone and corrugated oral mucosa, mucosal tags, deep linear ulcerations with hyperplastic folds, pyostomatits vegetans, aphthous ulcers, angular cheilitis, labial/facial edema and gingival erythema/edema. We describe a case of a 28-year-old male who was presented with oral lesions of Crohn's disease and treatment procedure. The patient was candidate for biologic treatment so dental procedures and preparation of the patient for treatment are described. Good communication and cooperation between the patient's doctor and dentist are important for successful treatment.

Key words: Crohn´s disease; inflammatory bowel disease; oral manifestation.

INTRODUCTION

Crohn's disease (CD) is a chronic inflammatory granulomatous disease with primary intestinal involvement but it may involve any part of bowel system from mouth to anus (1, 2).

The etiology of disease is still unknown but genetic factor, environmental factors and immune response in the bowel wall seems to be main causes of CD (3, 4).

The disease is characterized by phases of exacerbation and remission, with the symptoms of diarrhea, stomach pain, weight loss and elevated body temperature (1, 5). One third of patients can exhibit extra intestinal manifestations of the disease (6). The most frequent manifestations affect the joints, skin, eyes and hepatobiliary system. Changes in the oral cavity, blood vessels, heart, lungs and genitourinary and endocrine system have been also described (6, 7).

Oral lesions of CD were first described in 1969 by Dyer *at al* (8). In the same year Dudeney (9) reported another case of patient suffering from CD who had oral manifestations. The prevalence rate of oral manifestations is estimated to be between 0.5 to 20% (5, 10, 11), although some studies mention up to 80% (12, 13). They include orofacial granulomatosis, cobblestone and corrugated oral mucosa, mucosal tags, deep linear ulcerations with hyperplastic folds, pyostomatitis vegetans, aphthous ulcers, angular cheilitis, labial/facial edema and gingival erythema/edema (10, 14, 15). Presence of cobblestone mucosa and mucosal tags are highly suggestive to CD (16).

There is a male predilection and the oral outbreaks often start in young ages (17). Up to 60% of patients with CD may present oral manifestations years before the appearance of intestinal disease (5, 17). Oral manifestations are unpleasant bitter, disagreeable, displeasing, and distasteful for the patients; restrict their nutrition and oral hygiene.

The aim of this paper is to present a case of patient with oral manifestation of CD and treatment procedure.

CASE REPORT

A 28-years-old male patient was referred to the Department of Oral medicine at the Dental clinic Rijeka due to pain in the mouth. Oral complains and lesions have been presented for 10 days.

The patient medical history revealed that he has been suffering from CD for five years. He has been subjected to resection of terminal ileum and sigmoid colon in 2010. Post-surgical remission was maintained with azathioprine therapy for four years. Two months after stopping the azathioprine therapy, (four months prior of arrival in our clinic) the disease became active and the infliximab was recommended. During the period of patient's preparation for infliximab therapy the patient was referred to the Oral medicine Dental Office for treating lesions in the oral cavity and excluding oral

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Figure 1. Lesion in left lateral border of tongue.

Figure 2. Lesion in right upper gingival.

is essential for health care professionals who are involved in treating oral lesions. For example, while genetically induced gingival overgrowth is normal colored and firm, gingival overgrowth due to blood dyscrasias are edematous, soft, tender to touch and show tendency to bleed [1,2].

Oral lesions are relatively common in leukemias, as a part of a widespread disease. However, oral ulcers and lesions could be the first presentation of the disease [2,3].

Leukemia is a broad term covering a spectrum of diseases. Clinically and pathologically, leukemia is subdivided into chronic and acute forms. Chronic leukemias involve relatively well differentiated leukocytes, are slow in onset and typically take months or years to progress. Hence, immediate treatment sometimes is not necessary, and patients can be monitored for some time before treatment to ensure maximum effectiveness of therapy [2,4].

On the other hand, acute leukemias are characterized by a rapid and uncontrolled proliferation of poorly differentiated blast cells, for which immediate treatment is required. They are abrupt in onset, and are aggressive and rapidly fatal if left untreated. Oral manifestations are more common in acute leukemias [5].

One of the sinister and fatal etiologies of oral ulcers and lesions, is Acute Myeloid leukemia (AML), mainly acute monocytic (M5) acute myelomonocytic (M4), and acute myelocytic (M1, M2) leukemias. Oral lesions may be the presenting feature of acute leukemias and are therefore important diagnostic indicators of the disease [4,6].

Most signs and symptoms of AML are caused by the replacement of normal blood cells with leukemic cells. They usually present with signs and symptoms of bone marrow failure, including anemia, infection, and bleeding. At first, symptoms are non-specific; such as bone pain, joint pain, or other flu-like symptoms, and patients usually seek medical help because of these constitutional symptoms that have lasted more than usual. Oral cavity usually is involved as part of a widespread disease; however, oral ulcers can be the first presentation of the disease which can lead physicians to make exact diagnosis [5].

Most of the time, the patients with an oral lesion first consult their dentist, who—with proper knowledge and awareness of potentially fatal etiologies—can play a vital role in early diagnosis of the disease.

According to various reports, the most common presentation of AML in the oral cavity include gingival enlargement, local abnormal color orgingival hemorrhage, petechiae, ecchymoses, mucosal ulceration and oral infections [3,6].

The fact that oral lesions are sometimes the first manifestation of life-threatening diseases implies that dental professionals must be familiar with the clinical manifestations of systemic diseases [1,5].

In our case, the history of feeding the bird and presence of similar oral ulcers in patient's sister was quite misleading and drew all attentions to a zootonic disease as a possible cause of the disease. Unfortunately, our patient did not survive, as the overall prognosis of AML is poor, however, in case of a potentially curable disease, early diagnosis of an oral lesion can be life-saving.

3. CONCLUSION

This case (and other similar cases) underlies the importance of oral signs and symptoms as indicators of a systemic disease. Apart from physicians who generally diagnose acute leukemias based on systemic manifestations, dentists also can play an important role in diagnosing the disease, especially in patients who present with an oral lesion as the first manifestation of the disease. Although our patient had a poor prognosis anyway, early diagnosis and referral could be life-saving for many other similar cases.

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This site uses cookies. By continuing to use this website, it is consent to the cookies used. For information on cookies and how you can disable them visit our privacy and cookie policy. Got it. Thank you! Display options format abstractpubmedpmid hypothyroidism can be due to thyroid insufficiency (primary hypothyroidism) or pituitary or hypothalamic disease (secondary hypothyroidism). A twenty-year-old woman patient denounced with a denunciation of the presence of milk teeth for ten to 12 years. In an intraoral, many decisive and missing permanent teeth were present. Macrosia was evident. The clinical diagnosis was skeletal and dental malformation (class II) secondary to hypothyroidism. A complete treatment plan was developed. We present this case in order to effectively sensitize oral health professionals to this condition. Keywords: hypothyroidism; Damaged permanent teeth; Oral demonstrations; Twisted teeth; Thyroid dysfunction. [TABLE / fig-1a]: The intraoral photograph of the bow maxilary showers226; â € ~~~ â € ~ ~ ~~ [Table / fig-1a]: Intraoral photograph of the maxillary arc shows more times kept deciduous respect A 3555; 55,226; ~; ~; ~ ;; ~~ ;;;;;;;; ~ ; [Table / fig-1A): Intraoral photograph of the maxillary arc]: Show more times maintained deciduous in relation to 23, 24. [Table / fig-1b]: Intraoral photograph of the mandibular arc Show Ã ¢ â € ~ Â 74, Ã ¢ ~ Â| [TABLE / FIG-1B]: intraoral photograph of the mandibular arch shows more preserved deciduous compared to 3532; 75, 855, permanent missing teeth in relation to_; 33, 34, 35.45. [TABLE / FIG-2]: Orthoptan-mograph showing more permanent permanent teeth not disrupted multiple non-disintegration ~ ô † ~~~ â € ~~~~~~~ zzbr \ t A rare dental diagnosis. Dudhia SB, Dudhia BB. Dudhia SB, et al. J Oral Maxillofac Pathol. 2014 May;18(2):315-9. doi: 10.4103/0973-029X.140922. J Oral Maxillofac Pathol 2014. AMPD: 25328321 Free article PMC. 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PMID: 293901MC Year of publication: 2014 | Volume : 26 | Number : 1 | Page : 111-114 Congenital hypothyroidism events: Report of the clinical case Gundareddy N Suma, Manisha Lakhanpal, Manu Dhillon, Siddharth Srivastava Department of Oral Medicine and Radiology, ITS Centre for Dental Studies and Research, Ghaziabad, Uttar Pradesh, India Date of submission16-Apr-2014 Date of acceptance02-Aug-2014 Date of publication web26-Sep-2014of oral medicine and radiology, its centre for dental studies and research, muradangar, ghaziabad, uttar pradesh indiafonte support: no-one, conflict of interest: No-oneCheck:Â 10.4103/0972-1363.141 876 thyroid disorders have a widespread effect on the obstruction of the car tilagine, growth of the teeth, facial contour and total bodily proportions. both growth hormones and thyroid hormones show permissive action on growth stimulation. deregulation in thyroid homeostasis can cause various orofacial and skeletal abnormalities. This report describes a case of congenital hypothyroidism in a 20-year-old patient, who presents with low stature, hypotonia, alopecia, euriprosopic face with swelling, multiple deciduous teeth considered, delayed fusion of intracranial sutures, epiphysis and diaphisis of long bones. on the basis of various biochemical and radiographic investigations, the diagnosis of congenital hypothyroidism was established. keywords: congenital hypothyroidism, nanism, multiples considered deciduous, oral manifestations, X-ray as citing this article: Suma gn, lakhanpal m, dhillon m, srivastava s. orofacial manifestations of hypo congenital thyroidism: clinicaloradiological case report. j indian acad oral med radiol 2014;26:111-4 how to quote this URL:Suma gn, lakhanpal m, dhillon m, srivastava s. orofacial manifestations of congenital hypothyism: clinicaloradiological case report . j indian acad oral med radiol [seriale online] 2014 [quoted from 2022 jan 8];26:111-4. available from:Â Congenital hypothyroidism is a common cause of mental delay. The overall incidence is about 1:4000, with females getting hit about twice as often as compared to males. about 85% of cases are sporadic, while 15% are hereditary. The most common sporadic etiology is thyroiddue to ectopic glands, rather than aplasia or hypoplasia. [1][2][3][4] Congenital hypothyroidism is characterized by dwarfism; overweight; wide, flat nose; Wide eyes; poor muscle tone; pale skin; delayed bone age; delayed tooth rash; malocclusion; hoarseness; umbilical hernia; and mental retardation. [5],[6],[7] Clinical diagnosis occurs in less than 5% of newborns with hypothyroidism, because Symptoms and signs are often minimal. [2] This case of congenital hypothyroidism shows how thyroid hormones delayed the effect of growth hormones mainly on the oral and maxillofacial region, along with overall growth and energy metabolism. A twenty-year-old female patient reported to the Outpatient Department (OPD) with a major claim of multiple retained deciduous teeth. The patient's medical history revealed prolonged tiredness and lethargy, along with increasingly severe symptoms of drowsiness, cold intolerance, constipation and muscular stiffness with pain. He showed up with poor motor skills. Other features include dysmenorrhea and menorrhagia. The stages of development have been delayed. The patient was the youngest son among the five siblings. She was born full-time in a regular delivery. The older sister and mother had hyperthyroidism and were on medication. Treatment for hyperthyroidism was started for the mother at the time of her second pregnancy. General examination revealed that the patient was short (114 cm) and subnormal weight for his age (20 kg), with a body mass index (BMI) of 28.6 [Figure 1]. Other features included, voice hoarseness, proportional skeletal immaturity, cold peripheral extremities, hypotonia, alopecia, absence of secondary sexual traits, and coarse, dry skin. Figure 1: Twenty-year-old female with proportional skeletal immaturity and statureClick here to see a estradional has revealed a form with Europropoic facial, facial and periorbital perfusion with an extended nasal bridge [Figure 2]. The patient was leptoposopic (facial index = 92%) and dolichocephalic (Cephalic index =72.9%). Figure 2: The Euryprosopic facial shape with fragrance, periorbital swelling and enlarged nasal bridge Click here to see Introral examination has shown a good state of oral hygiene. There was a mixed tooth, with retained deciduous teeth (53,54,55,63,64,65,73,74,75,83,85). On the basis of the above clinical findings, a provisional diagnosis of primary hypothyroidism has been made. According to hypothyroidism, hypopituitism, vitamin D deficiency and hypophosphataemia were considered for differential diagnosis. Laboratory investigations have been carried out. The hemogram revealed a low level of hemoglobin of 8.5 gm%. A peripheral banner showed normal red blood cells. The levels of triiodothyronine (T3) and Troxin (T4) were significantly depressed to 26 ng/dl and 1.7 e g/dl respectively. There was a low baseline metabolic rate (BMR) of 1040 kcal. Cholesterol and glucose levels were increased to 200 mg/dl and 123 mg/dl respectively. Growth hormone levels (2.45 U/L), serum calcium (4.2 mg/dl), serum phosphorus (3.4 mg/dl) and alkaline phosphatase (47 U/L) were well within normal limits. The X-ray survey included a panoramic view to, a postueroanterior view (PA) of the skull, a lateral view of the skull and a hand-held wrist X-ray. The panoramic X-ray showed permanent non-broken multiple teeth, i.e., 13, 14, 15, 17, 23, 24, 25, 27, 33, 34, 35, 37, 43, 45, and 47, with incomplete apex closure [Figure 3]. The cranial views show delayed closure of coronal, sagittal and lambdie sutures [Figure 4]. The hand-pulse X-ray revealed a delayed fusion of the epiphysis and diaphragms of the phalanges, metacarpals, radius and ulna. It has also shown the non-ossification of sesamoid bone and hook of the [Figure 5]. Figure 3: Orthoptantomogram (OPG) that shows permanent non-broken multiple teeth, with incomplete apexogenesis Click here Viewfigure 4: Display of the Skull PA showing the delayed fusion of intracranic sutures Click here to display 5: Hand wrist radiography depicting the delayed fusion of the epiphysis and the diaphysis of the radio and ulna, with non-sesamoid ossification and of the hook of the AmacAccca here to visualize thyroid with a frequency probe presented small hypotrophic glands with reduced ecogenicity and inhomogeneous ecotexture [Figure 6]. The diagnosis of congenital hypothyroidism was made on the basis of clinical tests, radiography, ultrasound and laboratory results. The patient was directed by an endocrinologist, who prescribed a replacement therapy of the thyroid hormone in the form of thyroxine sodium, 100 Î ™ Â "4GM once a day, and a complete multidisciplinary treatment has been programmed. The first follow-up visit, a month later, showed a marked reduction in muscle rigidity and pain, cold intolerance, drowsiness and lethargy. A slight increase in T3 levels (28 Ng / DL), T4 (1.9 Ãž1â "4G / DL) and HB (9 GM%) is recorded. Figure 6: Ultrasoundography showing a small thyroid gland Hypotrophic with a reduced homogeneous and an inomogeneclick ecotexture here to see it mouth is a mirror of systemic diseases, such as many metabolic and genetic disorders can be established by a dentist, based on their oral manifestations [8]. Thyroid disorders are the most common among all endocrine diseases. The primary hypothyroidism is the most common, with dysfunction that occurs at the level of the thyroid gland. In secondary or tertiary hypothyroidism (central hypothyroidism), the defect is at the level of hypothystem, hypothalamus or hypothalamic portal, respectively. If left untreated the congenital hypothyroidism can catapult themselves in severe mental retardation and growth. [9] Skeletal growth is affected from growth hormones. Thyroid hormones have a widespread effect on cartilage ossification, tooth growth, facial contour and overall body proportions. [10] [10] In the present case, the presence of short stature (dwarfism) prompted the examiner to initiate hormonal growth analysis and routine radiographic surveys, including wrist-to-hand, and cranial X-ray. Low levels of T3 and T4 with increased thyroid stimulating hormone (TSH) levels and a normal growth hormone test supported the diagnosis of secondary hypothyroidism to a pituitary cause. Both growth hormones and thyroid hormones show a permissive action, that is, both cannot produce normal growth individually, but when they occur together, they stimulate growth. Other factors influencing growth include genetic factors, nutritional factors, environmental factors such as season, exercise, emotional disturbances, and so on. [10] This case report highlights this permissive association, where, despite normal growth hormones, the patient has shown characteristics of dwarfism. A strong family history of the patient's mother and older sister suffering from hyperthyroidism supports the contribution of genetic or environmental factors in the present case. The difference in thyroid status between brothers could be explained by the fact that the patient's mother was on antithyroid drugs during her pregnancy. [11] The patient also came to reside in a high fluorine belt during his childhood, reiterating the fact that excess fluorine disrupts the normal diodination responsible for synthesis of excess thyroid hormones. [12] Symptoms of hypothyroidism result from reduced metabolic activity and glycosaminoglycans deposition. [13] Facial Puffiness with periorbital oedema, proportional skeletal immaturity, cold extremities, coarse and dry skin, with radius hair, vocal roughness and muscle hypotonia are the results commonly observed in hypothyroidism. The presence of anaemia, high serum cholesterol, and reduced contribute to the diagnosis of hypothyroidism. Anemia in patients with hypothyroidism may represent iron deficiency due to menoreagia. The Oral The Oral include characteristic macroglosses, dysgeusia, delayed eruption, poor periodontal health, and altered dental morphology, making it sensitive to dental caries. [14] The ultrasonographic examination revealed small hypotrophic glands with reduced ecogenicity and an inhalation ecosystem attributed to the loss of thyroid morphology integrity. [15],[16] A radiographic investigation revealed the absence of sesame, hamate oxidation hook along with the delay in fusion of epiphyses and diaphragms of the phalanges, metacarpals, radius and ulna in the hand-wrist radiograph. [17] The findings of open sutual signs in the cranial X-ray confirm the results of a delayed growth model in the present case. [18] This report shows how reduced levels of thyroid hormone have taken the action of growth hormone. The investigator shall also examine whether craniometric and manual-pulse X-ray can be used to evaluate the growth pattern of thyroid patients, an aspect still in the launch phase. Many hereditary disorders occur in the form of alterations in the anatomy and morphology of the orofacial complex, which can be detected for the first time in a dental examination. Knowledge of these disorders leads to an advanced screening process and treatment of these patients. The case report emphasises that congenital hypothyroidism should be considered in patients with severe dental abnormalities and growth retardation. D 160? 1. Jain V, Agarwal R, Deorari AK, Paul VK. congenital hypothyroidism. Indian J Paediatrics 2008; 75:363-7. And it's two o'clock. LagFrancohi S. Congenital Ipiroidism: Ethology, diagnosis and management. thyroid 1999; 9:735-40. [PUBMED]160; Number three. Rastogi MV, LaFranchi SH. congenital hypothyroidism. Orphanet J Rare Dis 2010; 5:17. It's a four-way street. Abduljabbar MA, Afifi AM congenital hypothyroidism. J Pediatricians Endocrinolo Metab 2012; 25:13-29. It's five o'clock. Book A, ST, Sema C, Behiye B. 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Carmen Ayala, Obed Lemus, Maribel FrÃ¡s Journal Oral of Research. 2015; 4 (5): 329 [PubMed] ã, | Ã, [doi] ã, ã, Aug 23, 2021 · Hypothyroidism or Hyperthyroidism. Lithium is concentrated within the thyroid and can inhibit thyroid synthesis and release which can lead to hypothyroidism. Where hypothyroidism exists, careful monitoring of thyroid function during Lithium stabilization and maintenance allows for correction of changing thyroid parameters, if any. Jul 17, 2017 · Ectodermal dysplasias (ED) are a group of more than 180 disorders that affect the outer layer of tissue of the embryo (ectoderm) that helps make up the skin, sweat glands, hair, teeth, and nails. Symptoms of ED can range from mild to severe and may include teeth abnormalities; brittle, sparse or absent hair; abnormal fingernails; inability to perspire ... Lichen planus (LP) is a chronic inflammatory and immune-mediated disease that affects the skin, nails, hair, and mucous membranes. 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