

TUBERCULOSIS OF GINGIVA

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Summary : A case of Tuberculosis of gingiva affecting a girl aged 18 without any pulmonary lesion is reported. The diagnosis was based on positive biopsy report and hyperreactive tuberculin test. The literature on tuberculosis of oral mucosa reveals such presentation to be extremely rare.

Tuberculosis of oral cavity is relatively rare and tuberculosis of gingiva (gum) is still rarer. But as the incidence of tuberculosis in our country is quite high, all atypical manifestations of tuberculosis are likely to be seen occasionally. There are few recorded cases of gingival tuberculosis by foreign workers.

Case Report

S.R. a newly married girl aged about 18 presented in November 1976 with complaints of low grade fever of 45 days duration, occasional dry cough and a red indurated area of 1.5 cm x 0.5 cm on the overlying gingiva covering upper canine tooth on Right side - 30 days duration. There was no history of injury to gum or known history of contact with a tuberculous patient. She was treated by local doctors with antibiotics and vitamins but without any improvement before she attended this hospital,

On examination, she was of good build; pulse temperature and respiration rates were normal. She was not anaemic and there was no lymphadenopathy. The indurated area over the gingiva was red, non-tender- without ulceration or discharge. The chest was clinically clear.

Mantoux Test with 1 T.U. P.P.D. was 30mm. after 72 hours with subsequent necrosis at the site of the test. X ray of chest reveled no abnormality. Blood E.S.R. was 38 mm. in first hour (Westergren Method), Total leucocyte count was 8,900 per cmm, with Polymorphs 60%, Lymphocytes 36%. Eosinophils 2%, Monocyte nil and Bosophils Nil, B.T. was 1.5 in. and C.T. 3ft. 3in. V.D.R.L. was non-reactive. Biopsy of the gingival tissue revealed tuberculosis on histopathological examination.

She was given anti-tuberculosis treatment with standard drugs, Streptomycin Sulfate 0.75 gm. T.M. daily with Isoniazid 400 mg. daily and P.A.S. 6 gms. twice daily for a period of sixty days after which the regimen was changed to Isoniazid 400 mg. daily and P.A.S. 6 gms. twice daily as she could not tolerate streptomycin sulfate further. On examination of the patient after sixty days it was seen that the induration over the gum had reduced

by 80%. there was no redness as before; she became completely afebrile and her E.S.R. came down to 15 mm. in first hour, After 90 days she was examined again when there was no evidence of any abnormality over the a fleeted site. However, she was advised to continue the drugs for 18 months which she completed.

Discussion

Extrapulmonary tuberculosis like tuberculosis of gingiva is an uncommon condition. Even in our country where tuberculosis is very common, involvement of gingiva with tuberculosis has probably not been reported. But some foreign workers have reported about gingival tuberculosis.

Primary tuberculosis of the oral mucosal is very rare. Schmuziger (1945) and Hotz (1949), found that it is associated with drinking raw milk of tuberculous cows. Schmuziger stated that it usually develops when the deciduous tooth is being shed or extracted. Boyes (1950) reported three cases and Galloway and Home (1953) one case.

Oral tuberculosis is usually post-primary and occurs in patients affected with advanced pulmonary tuberculosis. Oral tuberculous lesion, may lake the form of nodules, ulcers or elevated fissures. Weinberger (1943) reported oral involvement in about 1.5 per cent from among 5000 cases of Tuberculosis. The sites most frequently affected are tongue, hard and soft palate, tonsils and pharynx. It may occur in the buccal mucosa and at the Commissures of lips. Read (1956) reported two cases of gingival ulcerations secondary to previously unsuspected pulmonary tuberculosis.

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