

**CLINICAL IMAGE**

# Cheilitis and gingivitis as first signs of Crohn's disease in a pediatric patient

Saverio Capodiferro<sup>1</sup>  | Eugenio Maiorano<sup>2</sup> | Luisa Limongelli<sup>1</sup> |  
Angela Tempesta<sup>1</sup> | Gianfranco Favia<sup>1</sup><sup>1</sup>Department of Interdisciplinary Medicine, Aldo Moro University, Bari, Italy<sup>2</sup>Department of Emergency and Organ Transplantation, Aldo Moro University, Bari, Italy**Correspondence**Saverio Capodiferro, Department of Interdisciplinary Medicine, Aldo Moro University, Bari, Italy.  
Email: capodiferro.saverio@gmail.com**Key Clinical Message**

Oral manifestations of Crohn's disease include gingivitis, deep ulcerations, pseudopolyps, and labial or buccal swelling; these are uncommon in children and can precede or coincide intestinal inflammation lesions, leading frequently to a delayed diagnosis.

**KEYWORDS**

bowel diseases, cobblestoning mucosa, Crohn's disease, gingivitis, oral mucosal tags

## 1 | CLINICAL IMAGE

A 12-year-old child was referred for a diffuse gingivitis of the maxilla (Figure 1) of several month duration, persistent after scaling and full-mouth disinfection. The patient showed also angular cheilitis (Figure 2), lip fissuring, oral mucosal tags, cobblestoning mucosa, while extra-oral findings were

abdominal pain and frequent diarrhea. A gingival biopsy was performed showing the presence of noncaseating granulomas (Figure 3) that suggested the necessity of colonoscopy with bowel biopsy. The final diagnosis was Crohn's disease (CD) with gingival onset. The complete healing of the gingival lesions was observable after few months of systemic therapy with anti-inflammation and immune suppressive drugs (Figure 4).



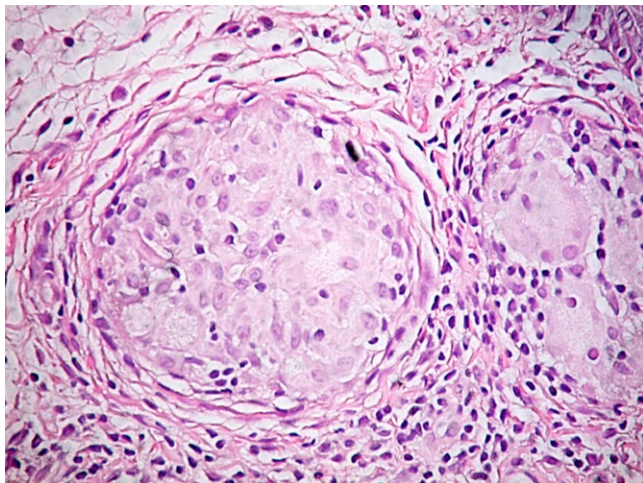
**FIGURE 1** Diffuse gingivitis of the maxilla persistent after scaling and full-mouth disinfection



**FIGURE 2** Angular cheilitis and lip fissuring

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2019 The Authors. *Clinical Case Reports* published by John Wiley & Sons Ltd.



**FIGURE 3** The gingival biopsy showed the presence of noncaseating granulomas (H&E stain, original magnification x20)



**FIGURE 4** Absence of gingival inflammation after few months of systemic therapy

The true etiology of CD still remains unknown.<sup>1</sup> The prevalence of oral manifestations is ranging from 10% to 80%;<sup>1,2</sup> clinical signs can be specific (diffuse lip, buccal swelling, tags, cobblestones) and nonspecific (aphthous ulcers, pyostomatitis vegetans, gingivitis) and might precede or coincide with intestinal inflammation.<sup>1</sup>

In fact, according to recent consensus papers,<sup>2</sup> the diagnosis is confirmed by clinical evaluation and a combination of endoscopic, histological, radiological, and biochemical investigations.

Recognizing oral lesions in the pediatric population, which often present a more complicated disease course compared to adult patients with a potential impact on growth, pubertal, and emotional development, and requesting a biopsy of the intraoral lesions may help clinicians to expedite the diagnosis of CD.<sup>1,2</sup>

#### AUTHOR CONTRIBUTION

SC: contributed to surgical procedure. EM: contributed to histological examination and revision of the manuscript. LL: prepared the manuscript. AT: reviewed the literature. GF: contributed to histological examination and surgical procedure.

#### CONFLICT OF INTEREST

Authors declare no conflict of interest.

#### ORCID

Saverio Capodiferro  <https://orcid.org/0000-0002-9819-6229>

#### REFERENCES

1. Jajam M, Bozzolo P, Niklander S. Oral manifestations of gastrointestinal disorders. *J Clin Exp Dent*. 2017;10:1242-1248.
2. Harbord M, Annese V, Vavricka SR, et al. The first European evidence-based consensus on extra-intestinal manifestations in inflammatory bowel disease. *J Crohns Colitis*. 2016;10(3):239-254.

**How to cite this article:** Capodiferro S, Maiorano E, Limongelli L, Tempesta A, Favia G. Cheilitis and gingivitis as first signs of Crohn's disease in a pediatric patient. *Clin Case Rep*. 2019;7:387-388. <https://doi.org/10.1002/ccr3.1975>