

Gingival localisation of extramedullary multiple myeloma



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A 75-year-old man was referred, by his private dental practitioner, to the emergency room of our institution (ASST Santi Paolo e Carlo, Presidio Ospedaliero San Paolo, Milan, Italy) in May, 2019, because of a rapidly growing intraoral mass, which had not improved after a professional oral hygiene session and after 2 weeks of local rinses with the antiseptic chlorhexidine. In his clinical history, the patient reported being affected, since 2014, by multiple myeloma (stage IIIB according to Durie-Salmon Staging System; stage III according to the International Staging System), respiratory and renal failures, and favism. Intraoral examination revealed the presence of a painless, multi-lobulated mucosal swelling, red-purplish in colour, localised at the left mandibular gingiva, extending to the alveolar fornix (figure). The consistency was elastic-soft at the top of the lesion, and hard and firm at the base. Since orthopantomography did not show any sign of dental-associated bone lesions, a multiple incisional biopsy was done, under the clinical suspicion of a malignant neoplasm. Differential diagnosis of this purplish gingival growing mass included pyogenic granuloma, haemangioma, Kaposi's sarcoma, and haematological and mesenchymal neoplasia.

The histopathological diagnosis revealed the presence of plasma cell myeloma with oral localisation. A mandibular CT scan, which showed no evidence of bone lesions, guided us to the final diagnosis of extramedullary disease of multiple myeloma. The patient was referred further to his haematologist for oncological management of the disease. Currently, the patient is still undergoing treatment (localised gingival radiotherapy), so no post-treatment follow-up has been done so far.

Oral manifestations of multiple myeloma are uncommon, although in about 8–15% of cases they could be the first clinical sign of disease. When present, oral lesions can include gingival swelling, orofacial pain and paraesthesia, osteolytic bone lesions, and fractures of the jawbones. Extra-oral and intra-oral examination is pivotal to detect the full extent and severity of this life-threatening disease.

Contributors

NL and GL followed the patient during diagnosis and reviewed the manuscript. AF and RF followed the patient during diagnosis. DS collected clinical data. EMV followed the clinical case, collected the clinical data, and wrote the report. Written informed consent to publication was obtained.

Declaration of interests

We declare no competing interests.

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Figure: Gingival localisation of extramedullary multiple myeloma

Red-purplish, multi-lobulated gingival swelling, extending to the alveolar fornix.

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