



DESQUAMATIVE GINGIVITIS

- **Desquamative gingivitis** is an erythematous , desquamatous (shedding) and ulcerated appearance of the gums. It is a descriptive term and can be caused by several different disorders.
- The Term was coined by **Prinz** in the year **1932**. It is characterized by intense erythema , desquamation, and ulceration of the free & attached gingiva . It peels the attached gingiva in a band-like manner .



CLASSIFICATION :

1. Dermatoses :

- Oral lichen planus
- Mucous membrane pemphigoid



- Pemphigus vulgaris
- Bullous pemphigoid
- Erythema multiforme
- Linear IgA disease
- Lupus erythematosus
- Epidermolysis bullosa acquisita
- Dermatitis herpetiformis

2. Local Hypersensitivity Reactions to :

- Sodium lauryl sulphate
- Mouthwashes
- Dental materials
- Cosmetics
- Chewing gum
- Cinnamon

3. Miscellaneous :

- Chronic ulcerative stomatitis
- Orofacial granulomatosis
- Plasma Cell gingivitis

Clinical Features :

- Females are more affected than males
- Buccal aspect of anterior gingiva is the most affected region
- **Fiery Red , friable gingiva which desquamates easily**
- Patients complain of soreness , especially when eating spicy food
- Bleeding & Discomfort while brushing teeth



Glickman & Smulow:

3 forms of desquamative gingivitis



Mild



Moderate



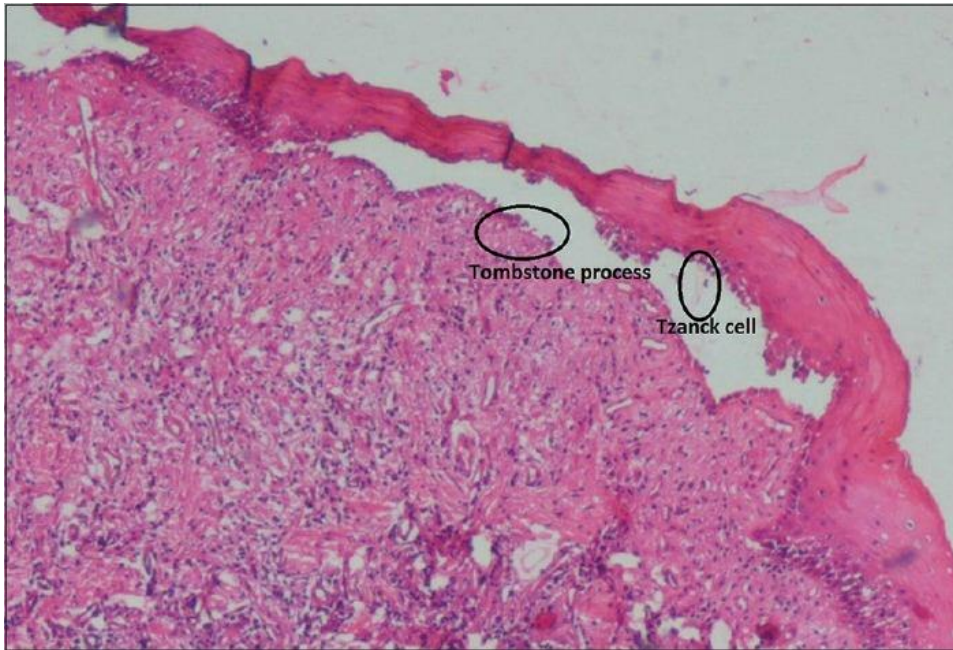
Severe

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- Lesions get aggravated by local plaque accumulation
- **Positive Nikolsky's sign** (The surface epithelium floats away when lateral pressure is applied to the mucosa)
- **Presence of white plaques or white striae indicates lichen planus**

Histopathological Features :

- Thin atrophic epithelium with little or no keratin at the surface
- Acantholysis will be seen with diffuse inflammation of chronic inflammatory cells



Treatment :

- **Steroid Therapy : Topical steroids :** Triamcinolone Acetonide / Clobetasol Propionate / Fluocinolone Acetonide with orabase : This must be applied 3-4 times daily and the patient should not eat / drink for 1 hour afterwards.
- **Using a splint with spacer for applying topical steroids in case of resistance**
- **Using a combination of topical & systemic steroids**

Systemic steroids :

- Prednisolone : Dosage of 20-40 mg per day
- It should be given for a brief period of 5-7 days and then the dose should be reduced by 5-10 mg / day gradually over 2-4 weeks
- Antifungals like Clotrimazole
- **Careful follow up of the cases is essential**

