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Olgu Sunumu/ Case Report

KISSING LESION-LOOKING ORAL MUCOSAL IRRITATION CAUSED BY SMOKE CESSATION DRUGS PURCHASED FROM A WEBSITE: CASE REPORT

İNTERNETTEN SATIN ALINAN SİGARA BIRAKTIRMA İLACI KULLANIMI İLE OLUŞAN 'KİSSİNG LEZYON' GÖRÜNÜMLÜ KİMYASAL İRRİTASYON: VAKA RAPORU

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ABSTRACT

Median rhomboid glossitis (MRG) is defined as the central papillary atrophy presents in the posterior region of the dorsum of the tongue. When MRG is associated with palatal lesion symetrically, it is called ''kissing lesion'' and in these patients immunosupression and Human Immunodeficiency Virus (HIV) infection should be considered.

Here we report a case of kissing lesion-like oral mucosal irritations induced by a smoking quitting product purchased from a website. Although there was a suspicion of malignancy at first sight especially in palatal lesions; attentive medical history and clinical evaluation revealed the predisposan factor.

Drug absorbtion in oral cavity may result in chemical irritation; which behaves like immunsupression induced oral lesions clinically. Physicians should be aware of such side effects and take a detailed history.

Keywords: Kissing lesion; Median rhomboid glossitis; Medical history; Smoking quitting drugs

ÖZET

Median romboid glossit (MRG) dilin dorsal yüzeyinde posterior bölgede oluşan papiller atrofi olarak tanımlanır. MRG simetrik olarak palatal lezyonlar ile ilişkili olduğunda bu durum ''kissing lezyon'' olarak tanımlanır ve bu hastalarda immünsüpresyon ve insan bağışıklık yetmezlik virüsü (HIV) düşünülmelidir.

Internet sitesinden satın alınan sigara bıraktırma ürünü kullanımı ile oluşan kissing lezyon görünümünde mukozal irritasyon vakası sunulmuştur. Özellikle palatal lezyonlar ilk bakışta malignite şüphesi uyandırsa da özenli tıbbi anamnez ve klinik değerlendirme ile predispozan faktör saptanmıştır.

Bu tür lezyonlar ile karşılaşıldığında, hekimler ağız kavitesinde ilaç emiliminin benzer durumlara neden olabildiğini ve hastanın da ilaç kullanımını saklayabileceği düşüncesi ile ayrıntılı anamnez alınması gerektiğini akılda tutmalıdır. Aksi takdirde hastaya gereksiz yere pek çok teşhis yöntemi uygulanabilir.

Anahtar Kelimeler: Dental hikaye; Kissing lezyon; Median romboid glossit; Sigara bıraktırma ilacı

INTRODUCTION

Tobacco usage is a tough to break addiction and health organizations and media continuously point out that it is a serious threat to the human health. It is a recognized risk factor in diseases such as cancer, coronary heart disease, stroke and chronic obstructive pulmonary diseases[1,2]. Consumption of tobacco and tobacco products is one of the most serious preventable public health problems in Turkey; and in 2007 approximately 100,000 people died due to illnesses caused by smoking cigarettes[3]. Three types of medications have been approved for smoking cessation: nicotine replacement therapy, sustained-release bupropion and varenicline [4]. Altough the importance of using such a drug accompanied by a qualified person or a doctor is repeatedly emphasized, unfortunately, it is a fact that many smokers find the way easier and believable to obtain smoking quitting products from an internet website or a non-pharmacy markets.

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Median rhomboid glossitis (MRG) is defined as the central papillary atrophy typically presents in the posterior region of the dorsum of the tongue[5]. Altough its aetiology is not clear, it has been proposed that it may be derived from chronic candidiasis, or that it may be of embryological, inflammatory, or even immunological origin [6]. Reported associated factors in the literature include smoking, dental prostheses, trauma and diabetes [7,8]. When MRG is concomitant with a palatal inflammation corresponding to contact with the involved area on the tongue, it is called 'kissing lesion' and this finding may suggest the prolonged contact between the candida-infected dorsum of the tongue and the hard palate. In these patients immunosuppression should be suspected and investigated; and it has been considered as a marker of Human Immunodeficiency Virus (HIV) infection [5,9]. Here we report a case of kissing lesion-looking chemical irritation occured after a smoking quitting drug usage without a medical supervision. Detailed medical history and clinical evaluation revealed the predisposan factor.

CASE REPORT

A 28-year-old male patient with no relevant personal or genetic disease, no known allergies, referred to Oral and Maxillofacial Surgery clinics, Kayseri, Turkey, with a complaint of oral lesions located at the median surface of the tongue and midline of the palate (Fig 1, 2). He was suffering from moderate to even severe pain and burning sensations during nutrition. Lesions were present for one week. Clinically the tongue lesion were in the appearence of median rhomboid glossitis typically, and with the palatal lesions in contact area with the tongue lesion; kissing lesion image was present. First we thought that it was a immunosuppression-induced disease and considered to perform culture biopsy from the tongue and incisional biopsy from the palatal lesions but we were suspicious from the lack of any sign of candida. Detailed medical history revealed that he used to be a smoker and he was taking drugs for one week which can be commercially obtained from an internet website. He explained that he was firstly absorbing the drugs in a tablet form between the palate and the tongue and swallowing lastly as written in the prospectus. He was taking the drugs whenever he wants to smoke. Altough the tongue lesion were in the appearence of median rhomboid glossitis typically, palatal lesions made us consider other lesions in the in the differential diagnosis but we ruled out them on the basis of the clinical findings and medical history. As a treatment we stopped the smoking cessation drug therapy which we thought as a predisposan factor for the lesions and started oral mouthwash with clorhexidine. Two weeks later the tongue and the palatal mucosa were in normal apperance (Fig 3,4).

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Figure 1. Tongue lesion in apperance of median rhomboid glossitis in the first visit



Figure 2. Palatal inflamation in the first visit. Reddish areas can be seen easily.



Figure 3. Picture of the lesion two weeks later from quitting of the drug. Tongue surface is in normal apperance.



Figure 4. Palatal inflamation was healed in the second visit

DISCUSSION

Harmful effects of smoking are well-known. People starts to using cigarettes somehow and usually recognize their mistake after a while; and make attemps to quit. Unfortunately, there are so many smokers hopes to find a solution from rumour-information or internet and non-pharmacy market products instead of getting help from an expert on this manner. It is quite distressing that people find the way using such products safer altough health care facilities and the media consistenly warning about not using such products without supervision of a doctor.

There are commonly used products for tobacco smoking. The use of nicotine replacement therapy (NRT) is one of the popular methods widely used all over the world. Transdermal patches, gums, lozenges, inhalers and nasal sprays are widely used to deliver nicotine in a form that does not involve the risks of smoking by the approval of Food and Drug Administration (FDA)[1]. Two medicines that do not contain nicotine, bupropion and varenicline, are also FDA-approved smoking cessation products. Bupropion is an antidepressant whose efficacy in smoking cessation is thought to result from its inhibitory action on the neuronal reuptake of dopamine, serotonin and norepinephrine, as well as on the nicotinic acetylcholine receptors[10,11]. Varenicline affects by stimulating the dopamine release like nicotine, but the release is significantly smaller and longer lasting than that of nicotine[12] and it was shown that smokers using varenicline were three times more likely to succeed at long-term smoking cessation than those using no medication[1]. Our patient, unfortunately, was using a smoke cessation drug for one week that is sold on a Turkish website, instead of getting doctor recommended treatment. Ingredients of the drug are cloves, cinnamon, aaron's beard, melisa, licorice root, lavandula stoechas and on the website it is claimed that the compound is organic %100. In the prospectus it is recommended to take one pill on the tongue and after soaking of a few minutes to absorb thoroughly in the mouth and to swallow, whenever a one wants to smoke. The mechanism of action works with the nicotine-like natural substance provides the need of physical and psychological effects of non-smoking as well as nicotine replacement therapy.

Median rhomboid glossitis (MRG) is a benign abnormality of the tongue, most frequently affecting men[9], and it appears as a rounded or rhomboid painless plaque with well-defined margin, intense reddish or pinkish in colour due to atrophy or depapillation [6] and it generally locates around the midline of the dorsum of the tongue. Altough MRG is often an asymptomatic lesion, persistent pain, irritation or pruritus have been reported[13,14]. Despite the relative frequency of MRG, little is known about its etiology and several predisposing factors such as smoking, denture wearing, diabetes mellitus and candidal infections have been reported[15,16]. Treatment is based on the elimination of known aetiological factors or antifungal treatment in cases of involving candidiasis[5,6]. When MRG is concomitant with a palatal inflammation corresponding to contact with the involved area on the tongue, it is called 'kissing lesion' and this finding may suggest the prolonged contact between the candida-infected dorsum of the tongue

and the hard palate. In these patients immunosuppression should be suspected and investigated and it has been considered as a marker of HIV infection[5,9]. Altough in our patient the appearence of lesions were consistent with kissing lesion, medical history revealed that the duration of the lesions were just one week started with the use of medication; so we stopped the smoke cessation drug which we thought as a predisposan factor. Two weeks later, both lesions were healed. It is imortant that in similar lesions physicians should keep in mind that drug absorbtion in oral cavity may result in such cases and should take a dealed medical history otherwise the patient would have kept under many diagnostic methods unnecessarily.

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