Chronic graft-versus-host disease presenting as glossitis

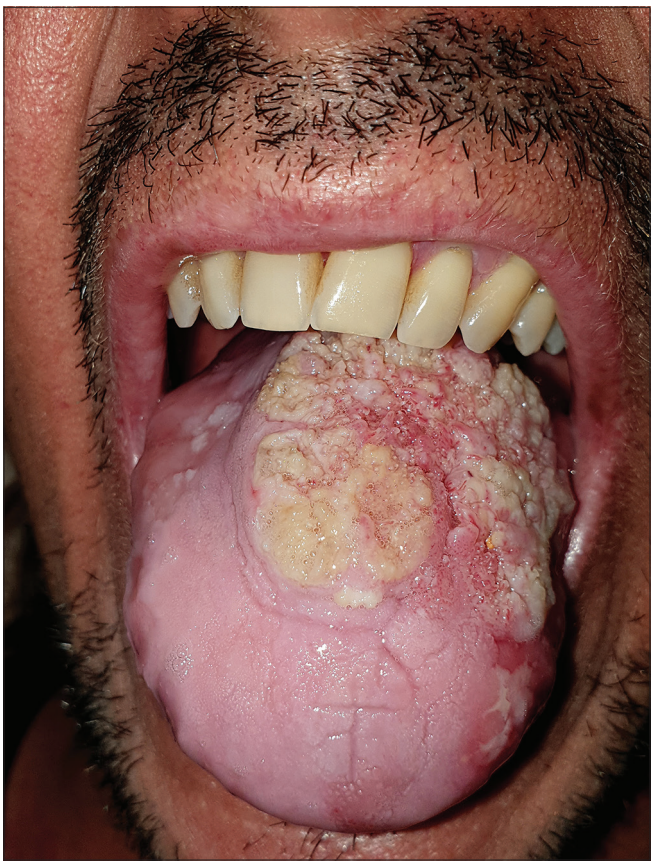

Figure 1: Chronic graft-versus-host disease of the tongue: whitish elevated plaque with erosions and atrophic areas

A 32-year-old man presented to the dermatology unit at the University Hospital, Bologna, Italy, with an eight-month history of glossitis, which restricted his oral intake partially [Figure 1]. Past medical history revealed an allogeneic bone marrow transplantation at the age of four years to treat Fanconi anemia. Oral examination showed a whitish hypertrophic plaque, partially ulcerated and with a rugged surface, on the left side of the dorsum of the tongue. Biopsy from the lesion revealed keratinized squamous cell epithelium, apoptosis of the basal cells, accompanied by a band-like lymphocytic infiltrate. Clinical and histologic findings were consistent with lichenoid chronic graft-versus-host disease.

The patient was treated with a topical combination of triamcinolone, retinoic acid and clotrimazole, with only slight improvement at the nine-week follow-up.

Allogeneic bone marrow transplantation is currently performed world-wide to treat many hematological disorders, resulting in a dramatic increase in survival rates. Despite the fact that the patients may remain free of their original disease for several

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years, some long-term effects, including chronic graft-versus-host disease, can have a negative impact on the survivors' quality of life. Graft-versus-host disease has been classically divided into the acute and chronic variants, based on the time of onset, using a cutoff of 100 days. The skin is one of the most frequently affected organs in chronic graft-versus-host disease but oral and anogenital mucosae may also be involved. It has been estimated that the prevalence of oral graft-versus-host disease ranges between 45-83%. The American Society for Bone Marrow Transplantation has defined diagnostic criteria and specific differential features for oral graft-versus-host disease. These criteria comprise lichen planus-like lesions, hyperkeratotic papules and plaques and limited oral opening from sclerosis (microstomia). Other findings include xerostomia, mucocele, mucosal atrophy, pseudomembranes and ulcerations.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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