

Estomatite Ulcerosa - O Desafio Diagnóstico

Ulcerative Stomatitis - A Diagnostic Challenge

Methotrexate (MTX) is an immunomodulating agent used in many autoimmune diseases. Its toxicity is dose-dependent and affects rapidly dividing tissues such as gastrointestinal tract and bone marrow¹. Oral ulcerative stomatitis can be found in up to 14% of patients but its wide histopathologic spectrum, which ranges from non-specific ulceration to lichenoid reactions, represents a diagnostic challenge². A 65-year-old woman with rheumatic arthritis, stop attending medical care since 2012 but kept a daily dose of 10 mg of methotrexate associated with 5mg/day of folic acid. In 2015, she was admitted in the Medicine Department after developing multiple shallow areas of ulceration in the floor of the mouth, buccal and labial mucosa and soft palate (Figure 1). Extra-oral observation showed lip ulceration. The other physical examination was irrelevant. She had bicytopenia (27000 leukocytes and 82000 platelets), C-Reactive protein of 143 mg/L (normal <7.5mg/L) and creatinine of 1.6 mg/dL (normal<1.3 mg/dL). Liver function test and chest x-ray were normal. Serology for Human Immunodeficiency Virus 1 and 2 was negative. MTX was discontinued with resolution of the oral ulceration and analytical abnormalities. She was dismissed to her rheumatologist and restarted MTX therapy (10mg/weekly) 2 years later without recurrence of adverse events. In conclusion, adherence to methotrexate is the key to attaining disease remission/low disease activity and low toxicity profile³. A careful medical and pharmacological history is mandatory and clinicians should be aware of this drug possible side effects³.

References

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Figure 1. Ulcerative Stomatitis



Diagnosis:

Ulcerative Stomatitis: Oral effect of methotrexate

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