UNILATERAL LEUKOEDEMA - CASE REPORT

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ABSTRACT

Leukoedema is a common developmental alteration of the oral mucosa which appears to be a simple variation of normal anatomy. It is seen in almost 90% of adult blacks and half of adult whites, although it presents as a much less pronounced alteration in whites (prevalence rate: 3/1,000 white adults). Tobacco smoking and chewing has been shown to enhance the whiteness and size of the lesion but most cases are so subtle that they are not formally diagnosed. Similar mucosal changes have been reported on vaginal and laryngeal mucosa. This paper report a case of unilateral Leukoedema in a 40-year man presented as a discolouration in the inner surface of right cheek.

Keywords: Leukoedema; Cheek; White Discolouration

Introduction

Leukoedema is a common developmental alteration of the oral mucosa, which appears to be a simple variation of normal anatomy. When the mildest cases are included, it is seen in almost 90% of adult blacks and half of adult whites, although it presents as a much less pronounced alteration in whites (prevalence rate: 3/1,000 white adults). Tobacco smoking and chewing has been shown to enhance the whiteness and size of the lesion but most cases are so subtle that they are not formally diagnosed. Similar mucosal changes have been reported on vaginal and laryngeal mucosa. This paper report a case of unilateral Leukoedema in a 40-year man presented as a discolouration in the inner surface of right cheek.

Case Report

A 40-year-old male patient was visited for routine dental examination to our clinic and on check up a discolouration in his right inner cheek was noticed. The vitals were measured. Pulse rate 56 beats /minute, Respiratory rate 19 cycles/min, body temperatures 37.5°C and blood pressure 140/90 mm of Hg. Differential diagnosis of white sponge nevus, leukoedema, leukoplakia and lichen planus were proposed. Leukoedema presents most typically as an asymptomatic, bilateral, whitish gray, semitransparent macule of the buccal mucosa. This paper report a case of unilateral Leukoedema in a 40-year man presented as a discolouration in the inner surface of right cheek.

Discussion

Leukoedema is persistent, and is most common in individuals with dark skin. The etiology of this condition is unknown. Clinical examination readily differentiates leukoedema from leukoplakia since there is no loss of pliability or flexibility of the involved tissues. In addition, the tissues affected by leukoedema manifest an edematous state. Leukoedema is distinguished from lichen planus by stretching the buccal mucosa. Areas exhibiting leukoedema will either disappear or persist upon stretching, whereas lesions of lichen planus will become more pronounced. Leukoedema should also be differentiated from white sponge nevus and habitual cheek-biting (pathomimia morsicatio buccarum). White sponge nevus is a relatively uncommon lesion, and the buccal mucosa appears thickened and folded. Superficial erosions that alternate with irregular white flakes are present in lesions of habitual cheek-biting whereas areas of leukoedema are usually smooth and grayish-white in coloration.

Leukoedema is characterized by a variable intracellular edema of the superficial half of the epithelium. The vacuolated cells are large and often have pyknotic nuclei. They may extend to the basal layer and may cluster into inverted wedge-shaped regions separated by normal spinous epithelial cells. The epithelium is hyperplastic and rete ridges are often broad and elongated. Parakeratosis is commonly seen but is not pronounced unless there has been chronic trauma. Intracellular edema is characteristic of several other oral lesions, many of which may be found on the buccal mucosa: smokeless tobacco keratosis, frictional keratosis (chronic cheek bite keratosis), white sponge nevus and Witkop’s disease.

Conclusion

In conclusion leukoedema appears as a filmy, opaque, and white to slate gray discoloration of mucosa, chiefly buccal mucosa. It is important that to distinguish Leukoedema from leukoplakia, as leukoplakia can be pre-cancerous condition and should be biopsied for accurate diagnosis.

References

Figure 1. Leukodema in the right cheek of the patient. Figure 2. Inner left cheek of the patient without any apparent lesion.


How to cite this article


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