



# Patient Information Leaflet

## Oro-Facial Granulomatosis

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School & Hospital



This leaflet has been designed to explain oro-facial granulomatosis and it contains answers to many frequently asked questions. If you have any other questions that the leaflet does not answer, or if you would like further information, please ask us.

### **What is oro-facial granulomatosis (OFG)?**

OFG is an uncommon condition in which patients have persistent swelling in the lips, face or areas within the mouth. It gets its name from small groups or collections of inflammatory cells which can be seen when the swollen tissue is examined under the microscope. These collections are called granulomas.

### **What causes OFG?**

In most peoples the cause is unknown. It is likely to be a problem with the immune system or with allergy to certain foods or additives. OFG can be a disease in itself but similar swellings in the mouth, face and lips can be present in Crohn's disease (an inflammatory disease of the bowel). Therefore, investigations to look for any underlying disease are an important part of managing OFG.

### **Is OFG hereditary?**

There is little or no evidence to suggest that OFG runs in families.

### **What does OFG look like?**

There is usually persistent swelling of one or both lips but the lips are not usually tender. Sometimes the skin of parts of the face can also be swollen and red. Inside the mouth there may be lumps, swellings or ulcers. The ulcers can be round or linear in shape. Often, the inside of the cheeks looks corrugated or 'cobblestoned' and the gums can be bright red.

### **How will OFG affect me?**

The most common complaint is the lip and/or face swelling. The skin swelling is often associated with dry and red skin. If your lips are swollen they sometimes crack in the middle or at the corners of your mouth and become sore. Gums can be painful and may bleed when you brush your teeth. If you have ulcers these can last several days, weeks or even months and they are painful. The pain can be made worse by eating - particularly hot, salty, spicy, hard or rough food.

### **Can OFG be cured?**

We do not fully understand the cause of OFG so there is no cure at the moment. However, in most patients it can be controlled.

### **How is OFG diagnosed?**

OFG is diagnosed by looking at your face, lips and mouth but it may be necessary to have a biopsy (a sample of tissue) taken from the affected area, to confirm the diagnosis. This is done under local anaesthetic (an injection to numb the area). Blood tests are usually taken to look for anything abnormal which may help with diagnosis or treatment. Allergy testing may also be carried out. This would be in the form of skin testing to various foods and additives. If your specialist thinks you may have Crohn's disease you will be referred to have the inside of your gut examined with a flexible telescope (endoscopy).

### **How can OFG be treated?**

Treatment for OFG aims to reduce swelling in your lips, face and gums; to prevent or reduce infection and to help ulcers to heal. Treatments used may include:

- Elimination diets. This means avoiding certain drinks, foods and medicines containing cinnamon and benzoates (E201-E219).
- Steroids in the form of ointments, creams, mouthwashes or inhalers for mild swelling and ulcers.
- Steroid injections into the swollen areas to try to reduce swelling.
- A short course of steroid tablets for severe cases. Long-term treatment with steroid tablets is not recommended because of possible side-effects.
- Other types of tablets which are used for severe cases of OFG. These work by changing your immune system. These tablets can cause side-effects which you should your specialist will discuss with you. You may need regular blood tests while you are taking these drugs, especially in the beginning.
- Antiseptic, alcohol-free mouthwash, spray or gel, for example chlorhexidine gluconate. This may be recommended to help reduce the risk of infection and to help control plaque levels on teeth if tooth brushing is difficult or uncomfortable.
- Bland moisturiser on your face or lips if you have dry skin.

### **What can I do to help?**

If you are given an elimination diet, try to follow the diet as carefully as possible. About half of all patients improve with the diet and some require no other forms of treatment. It can be helpful to keep a diary of when your problems get worse so that you can spot triggers in your diet.

It is very important to try to continue tooth brushing even if your mouth is swollen and sore. This is because if plaque is allowed to build up, it can cause tooth decay, and make your gums more swollen and prone to bleeding. To help with tooth brushing, a soft toothbrush can be used with toothpaste for sensitive teeth. In addition, regular treatment from a dental hygienist is recommended to help keep the teeth clean.

You should continue to visit your dentist for routine check-ups.

**This leaflet is available online at <http://www.ucc.ie/en/dentalschool/patients>**