

PLASMA CELL GINGIVITIS- A CASE REPORT

Introduction: A benign condition of the gingiva characterised by generalised edematous and erythematic gingival tissues often extending to the mucogingival junction with a deep red appearance.

Etiology: Type IV hypersensitivity reaction - delayed cell-mediated immune response

Offending agents: Toothpaste additives, mouth rinses and additives, food products, preservatives. Plaque retention causes tissue to become more irritated.

Histology Plasma cells are numerous. Epithelium exhibit spongiosis (inflammatory intercellular oedema of the epidermis) and inflammatory cells. Elongation of rete ridges.

Treatment: Identification and elimination of agent along with patient's lifestyle modification

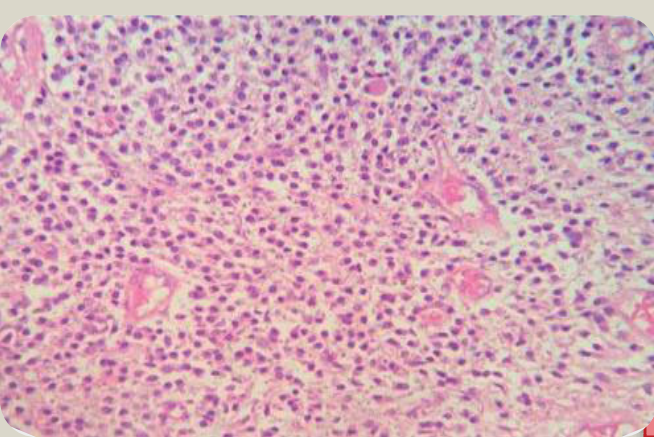
CASE REPORT:

20-year-old female reported with excessive enlargement of gingiva for the past 3 months. Patient was unable to brush due to pain and bleeding on brushing. SRP was completed in 4 visits. Biopsy was taken at the 2nd visit. Toothpaste was identified as the offending agent. After change of toothpaste, patient reported some relief but not complete. Treatment included scaling and root planing, change in toothpaste, and local corticosteroid administration (10mg/ml triamcinolone acetate).



Fiery red gingival enlargement of the marginal, papillary, and attached gingiva

Post Treatment photographs after SRP and triamcinolone acetate injection administered locally (after 2 doses of weekly 1ml injection at the site of inflammation) and 0.1% triamcinolone gel for local application for 2 weeks



Histological picture reveals numerous plasma cells

Histological section showing loss of rete pegs

