

Acute Gangrenous Gingivitis – Early Stage Noma

A 3-year-old boy presented with fever for 20 days. On day 5 of fever, he developed oral and angular mucosal ulcerations and redness. Blood counts showed a granulocytopenia. There was rapid progressive blackening of the labial and lingual surfaces of the gums and loosening of teeth for last 3 days (**Fig. 1** and **2**). We made a clinical diagnosis of acute necrotizing/gangrenous gingivitis.

Acute necrotizing gingivitis, an early lesion of noma, begins as an inflammation of the marginal interdental papillae, to subsequently involve the mucosal surfaces of



FIG. 1 Blackening of lingual surface of gums extending to palate.



FIG. 2 Blackening of lingual surface of gums with loosening of teeth.

cheek and lips. Clinical features include a foul-smelling purulent oral discharge, halitosis, salivation, cervical lymphadenopathy, and a grayish-black discoloration of the oral mucosa. Progression to perforation of cheek is rapid if untreated at this stage. Timely institution of local care in combination with systemic antibiotics (penicillin with metronidazole) can avoid the severe or fatal complications of noma.

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Ocular Dermoid

A 12-year-old boy presented with a greyish mesh over sclerae of both eyes since birth and dimness of vision for last one year that had worsened for a month. Ocular examination revealed bilateral epibulbar limbal dermoids (**Fig. 1**) with astigmatism and amblyopia. There was no microphthalmos, coloboma or strabismus.

Ocular dermoids – common primary developmental orbital tumours – are smooth, soft and yellowish subconjunctival masses, most commonly at the inferotemporal limbus. Occasionally the lesions may be very large and virtually encircle the limbus (complex dermoid). Sometimes these may be associated with accessory auricles and syndromes (Goldenhar syndrome, Treacher collins syndrome, etc.). Differential diagnosis include dermolipoma or fibrofatty tumour.



FIG. 1 Bilateral ocular (epibulbar) dermoids.

Surgery may be required for cosmetic reasons, chronic irritation, dellen formation, amblyopia or involvement of the visual axis.

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