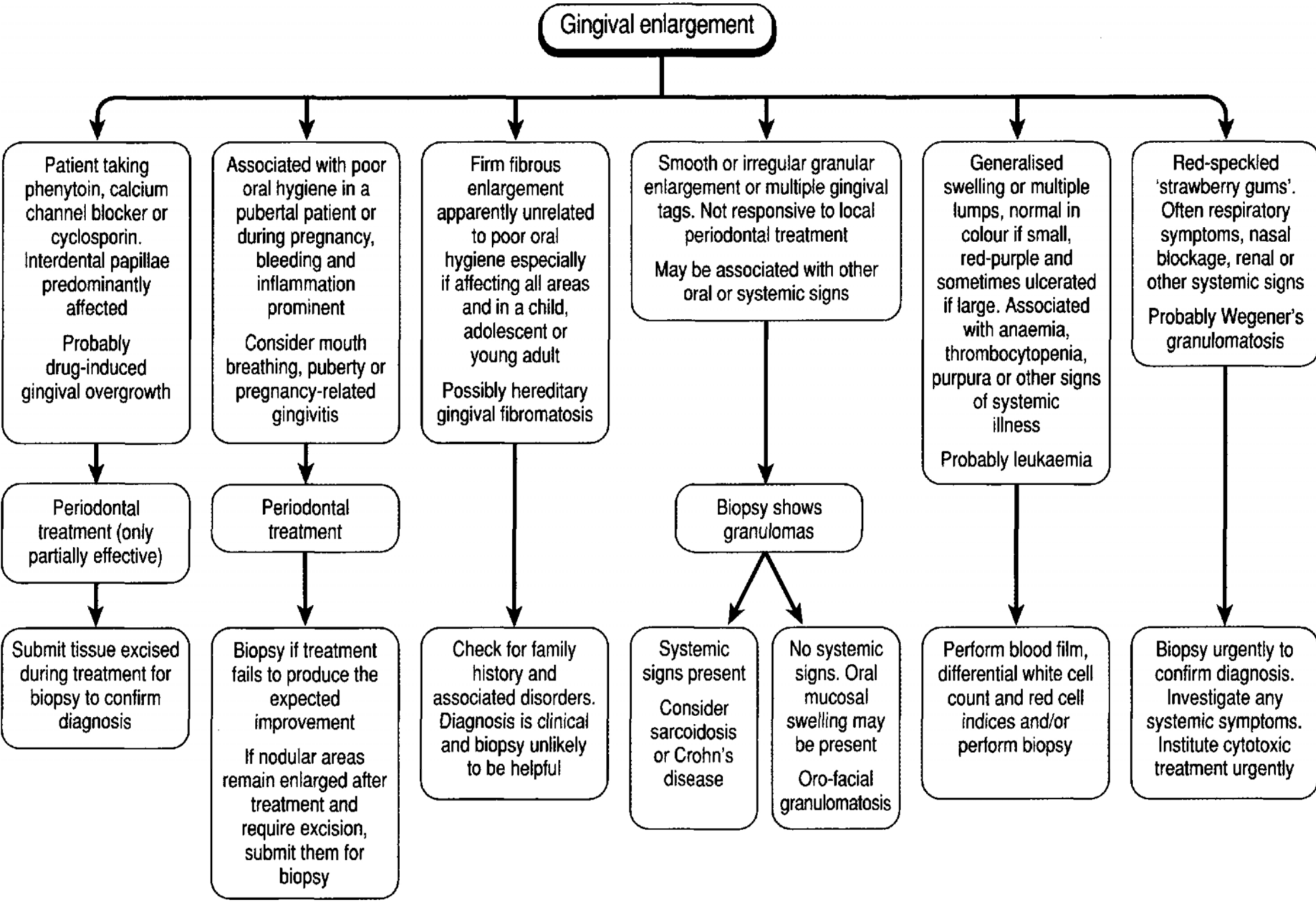
Gingival enlargement
Patient taking phenytoin, calcium channel blocker or cyclosporin. Interdental papillae predominantly affected
Probably drug-induced gingival overgrowth
Periodontal treatment (only partially effective)
Submit tissue excised during treatment for biopsy to confirm diagnosis
Associated with poor oral hygiene in a pubertal patient or during pregnancy, bleeding and inflammation prominent
Consider mouth breathing, puberty or pregnancy-related gingivitis
Periodontal treatment
Biopsy if treatment fails to produce the expected improvement
If nodular areas remain enlarged after treatment and require excision, submit them for biopsy
Firm fibrous enlargement apparently unrelated to poor oral hygiene especially if affecting all areas and in a child, adolescent or young adult
Possibly hereditary gingival fibromatosis
Check for family history and associated disorders. Diagnosis is clinical and biopsy unlikely to be helpful
Smooth or irregular granular enlargement or multiple gingival tags. Not responsive to local periodontal treatment
May be associated with other oral or systemic signs
Biopsy shows granulomas
Systemic signs present
Consider sarcoidosis or Crohn's disease
No systemic signs. Oral mucosal swelling may be present
Oro-facial granulomatosis
Generalised swelling or multiple lumps, normal in colour if small, red-purple and sometimes ulcerated if large. Associated with anaemia, thrombocytopenia, purpura or other signs of systemic illness
Probably leukaemia
Perform blood film, differential white cell count and red cell indices and/or perform biopsy
Red-speckled 'strawberry gums'. Often respiratory symptoms, nasal blockage, renal or other systemic signs
Probably Wegener's granulomatosis
Biopsy urgently to confirm diagnosis. Investigate any systemic symptoms. Institute cytotoxic treatment urgently