
Orofacial Granulomatosis (OFG)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about OFG. It tells you what it is, what may cause it, what can be done about it and where you can find out more about it.

What is OFG?

OFG is an uncommon condition in which affected patients have persistent swelling in the lips, face or areas within the mouth. It is so named because if a sample of the swollen tissue is examined under a microscope, small collections of inflammatory cells, called granulomas are often seen.

What causes OFG?

The cause of OFG is unknown for the majority of people but is likely to be related to an immunological factor, or allergy (for example to certain foods or additives). OFG can be a disease in itself but similar looking swellings in the mouth, face and lips can be present in Crohn's disease (an inflammatory disease of the bowel). Investigations to look for any underlying disease are therefore an important part of the management of the condition.

Is OFG hereditary?

There is little or no evidence to suggest that OFG is inherited.

What does OFG look like?

In OFG there is usually persistent, non-tender swelling of one or both lips. Sometimes the skin in parts of the face can also be swollen and red. Inside the mouth there may be lumps, swellings or ulcers. The ulcers if present can be round or linear in shape. Often, the inside of the cheeks looks corrugated or 'cobblestone' in appearance and the gums can be bright red.

What are the symptoms of OFG?

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

Can OFG be cured?

As the cause of OFG is not fully understood, there is no curative treatment but it can be controlled in most cases.

How is OFG diagnosed?

The condition is diagnosed by the clinical appearance of the face, lips and mouth, but it may be necessary to have a biopsy (a sample of tissue) taken from an affected area, to confirm the diagnosis. This is routinely undertaken with a local anaesthetic. Blood tests are usually carried out to look for any abnormalities or other features which may assist in the diagnosis or management. Allergy testing in the form of skin testing to various food stuffs and additives may also be carried out. If Crohn's disease is suspected, then you will be referred for examination of your gut, using a flexible telescope (endoscopy).

How can OFG be treated?

Treatment for OFG aims to reduce facial, lip and gum swelling, prevent or reduce secondary infection, and encourage healing of ulcers. Treatments used include:

- Elimination diets which involve avoiding certain drinks, food stuffs and medicines containing cinnamon and benzoates (E201-E219).
- Topical *corticosteroids* in the form of ointments, creams, mouthwashes or inhalers for mild swelling and oral ulcers

- Sometimes corticosteroid is injected into the swollen areas to try to reduce swelling
- Severe cases of OFG may require treatment with a short course of systemic *corticosteroids* (i.e. taken in tablet form). Long-term treatment with these drugs is not recommended because of the potential side-effects.
- Other types of oral (systemic) therapy are also used for severe cases of OFG, and work by altering the body's immune system. These can be associated with a number of side-effects which should be discussed with your specialist. Regular blood tests are often required when taking these drugs, particularly during the early stages of treatment.
- Use of an antiseptic alcohol-free mouthwash, spray or gel (e.g. *chlorhexidine gluconate*) may be recommended to help reduce the risk of infection and control plaque levels on teeth if tooth brushing is difficult or uncomfortable.
- Use of bland moisturisers may be recommended if you have dry skin in relation to face or lip swelling.

What can I do?

- If you are given an elimination diet, try to follow the diet as carefully as possible. Approximately 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 symptoms flare, to help identify 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 a mild 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.

- It is important that you tell the team managing your OFG if you develop any new systemic symptoms, e.g. abdominal pain, diarrhoea, as this may need to be investigated further.

This leaflet has been prepared by the British Society for Oral Medicine (BSOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BSOM is not responsible for information on web sites where links are provided.

This leaflet is available online at www.bsom.org.uk

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