

IMAGES IN EMERGENCY MEDICINE

Infectious Disease

Young man with oral ulcers and pain

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1 | CASE PRESENTATION

A 28-year-old previously healthy man presented to the emergency department with oral ulcers and pain worsened with eating, accompanied by chills and myalgias. The patient was afebrile with stable vital signs. Physical examination revealed ulcers on the lower vermilion border of the lips with active bleeding, significant gingival swelling and ulceration, cratering of the interproximal papillae, oral thrush, and halitosis (Figure 1). Laboratory testing for herpes simplex virus (HSV) and human immunodeficiency virus (HIV) were negative. The patient was treated with Augmentin, Flagyl, nystatin, and chlorhexidine mouth rinse. He was advised to follow-up with his dentist within 1 week.

2 | DIAGNOSIS

2.1 | Acute necrotizing ulcerative gingivitis

Acute necrotizing ulcerative gingivitis was once referred to as “trench mouth” due to its high prevalence among soldiers during World War 1. Although the condition has become far less prevalent, it still occurs in patients with risk factors such as HIV infection, tobacco use, stress, malnutrition, poor oral hygiene, and pre-existing gingivitis.^{1,2} The condition is caused by microbial invasion of the gingiva, often by spirochete and fusiform bacteria, and characteristically presents with acute onset oral pain, halitosis, and ulceration and bleeding of the interdental papillae.³ The diagnosis of acute necrotizing ulcerative gingivitis is based on history and physical exam. Treatment is highly effective and typically involves gingival debridement, administration of systemic antibiotics, and 0.12% chlorhexidine gluconate mouth rinse.⁴



FIGURE 1 Gingival swelling and ulceration, cratering of the interproximal papillae, oral thrush, and lip ulceration.

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