

# NON-HEALING ULCER DUE TO A FOREIGN BODY : A CASE REPORT

**Dr. Hitesh Vij**  
Senior Lecturer

**Dr. Ruchiika Vij**  
Senior Lecturer

**Dr. Vineeta Gupta**  
Professor

**Dr. Shamindra Sengupta**  
Professor and HOD

Dept. of Oral Pathology & Microbiology, Institute of Dental Studies & Technologies, Modinagar, Uttar Pradesh, India.

## INTRODUCTION

Oral cavity can be affected by numerous pathological conditions. These pathologies may have varied appearances like a swelling, an ulcer, a fistula etc., while some of these are common, others are rare. Ulcerative lesions are quite frequently encountered in the dental patients. Though ulcers have similar appearances, their etiologies encompass numerous disorders which may be reactive, infectious, immunologic, neoplastic or traumatic.<sup>1</sup>

Traumatic ulcers are generally caused by mechanical trauma and a cause and effect relationship is usually obvious. These ulcers are quite common in areas which easily come between teeth, such as lower lip, tongue and buccal mucosa. These may even arise due to masochistic habits, ill fitting prosthesis or sometimes may be iatrogenic. Even the use of a very strong mouth rinse or consumption of extremely hot food can cause ulcerations on oral mucosa.

Traumatic ulcers can be acute or chronic. Acute ulcers are generally painful have a yellow base with surrounding red halo. The patient generally gives a history of trauma and the lesion heals in a week to 10 days, if the cause is eliminated. In case of chronic ulcers there is little or no pain, they have a yellow base with elevated margins. The patient may not remember history of trauma due to the long standing nature of the lesion. These ulcers do not heal easily, unless the cause and any other irritant are removed. Their clinical appearance and long standing presence may mimic carcinoma or infectious ulcers.<sup>1</sup>

In this article we present a case which was clinically thought to be a non-healing ulcer but after biopsy and proper correlation with clinical history was diagnosed as an ulcer caused by the presence of a foreign body.

## CASE REPORT

A 53 year old male patient working in sugarcane mill presented to the dental clinics with complain of pain in lower left back region of the jaw since one month. The pain was mild, intermittent and was aggravated on chewing food.

Clinical examination revealed an ulcer in the left retromolar region measuring 1x1.2 cm with yellowish-white base and slightly raised margins. Incisional biopsy was performed and tissue was submitted for histopathological examination.

Microscopic examination of the tissue revealed an ulcerated parakeratinised stratified squamous epithelium with moderately fibrous connective tissue and moderate to dense chronic inflammatory cell infiltrate particularly in the region of epithelial ulceration. A foreign body was observed in the connective tissue with reactive inflammatory changes in surrounding stroma (photomicrograph 1 & 2).

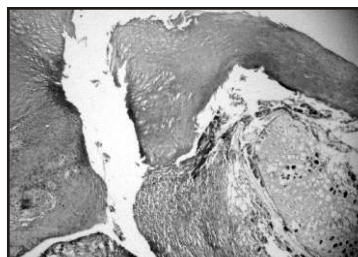
The foreign body appeared like plant tissue and since the patient was working in sugarcane mill, we took a piece of sugarcane, processed and stained it in a routine manner. Both, longitudinal and cross- sections were prepared of the sugarcane tissue. When the H & E stained sections of sugarcane were observed under the microscope, the cross-section appeared similar to the foreign body present in the biopsy specimen (photomicrograph 1). Thus it was concluded that the presence of the plant tissue like foreign material was the cause of the non-healing ulcer.

## DISCUSSION

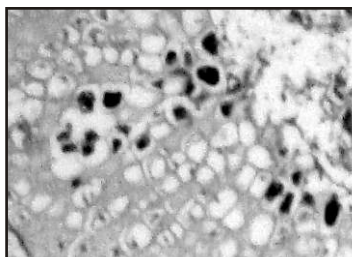
Foreign bodies may be ingested, inserted into a body cavity, or deposited into the body by a traumatic or iatrogenic injury.<sup>2</sup> Most foreign bodies cause abscess formation, septicemia or may lead to severe hemorrhage, they can also undergo distant embolization.<sup>3</sup> The more common iatrogenic lesions in oral cavity include apical deposition of endodontic materials, mucosal amalgam, graphite tattoos etc. Inert foreign bodies like glass or steel may not cause significant inflammation to warrant their removal.<sup>4</sup> But removal of organic foreign bodies is mandatory because these generally induce inflammatory reaction and can also lead to secondary infection with ulcers and fistula formation.<sup>2</sup> In the present case foreign body was a plant tissue which accidentally was inserted into the oral tissue in the retromolar region leading to formation of a non healing ulcer.

## REFERENCES:

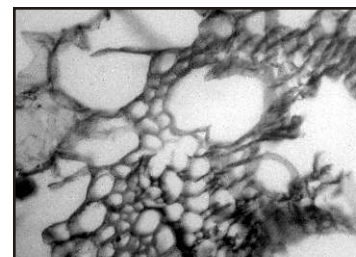
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Photomicrograph 1: Plant tissue like foreign material in the connective tissue with surrounding inflammation and break in the overlying epithelium (x10)



Photomicrograph 2: Higher magnification of plant tissue like foreign material in the connective tissue (x40)



Photomicrograph 3: Cross-section of sugarcane resembling the foreign body in the connective tissue (x40)