

Review of: "[Case Report] Prednisolone Induced Gingival Enlargement: A Rare Case Report"

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Potential competing interests: No potential competing interests to declare.

Case Report Review: Gingival Enlargement in a 23-Year-Old Male with Reactive Arthritis

Introduction

This case report describes a 23-year-old male presenting with a 6-year history of swollen gums and bleeding during brushing. The patient's medical history includes reactive arthritis managed with periodic prednisolone use. This review evaluates the clinical findings, diagnostic process, treatment plan, and histopathological results to assess the quality and comprehensiveness of the report.

Clinical Presentation and History

The clinical description of the gingiva, including the nodular, puce-colored appearance and involvement of various gingival regions, provides a detailed visual understanding of the condition. The patient's history of reactive arthritis and prednisolone use is crucial, as it likely contributes to the gingival changes observed.

Diagnosis: The use of the Bokenkamp classification to grade the gingival overgrowth adds specificity to the diagnosis. However, there are notable discrepancies in the case report:

- 1. Medication Regimen Ambiguity: The report states the patient took prednisolone for 2 months in a tapering dose but also mentions periodic use over a year. This inconsistency raises questions about the exact duration and dosage of prednisolone treatment.
- 2. Timing of Symptoms vs. Medication: The patient reported swollen gums for 6 years, while the prednisolone treatment began within the last year. This discrepancy questions the provisional diagnosis of prednisolone-induced gingival enlargement, as the timing of symptoms predates the medication use.
- 3. Post-Treatment Medication Continuation: The report does not clarify how prednisolone treatment was managed after dental interventions or whether new gingival overgrowth is anticipated with continued medication use. This information is vital for understanding the long-term prognosis and management of the patient.

Treatment Plan

The treatment plan was multi-phased. The decision to proceed with gingivectomy and gingivoplasty using a diode laser for aesthetic purposes is appropriate, considering the remaining fibrotic tissue. The follow-up schedule (1 week, 3 months,



and 1 year) is commendable for monitoring the patient's progress and ensuring long-term outcomes.

Histopathological Findings

The histopathological findings correlate with the clinical diagnosis of drug-induced gingival overgrowth and confirm the fibrotic nature of the enlargement.

Conclusion

Overall, this case report is well-structured and comprehensive, covering all necessary aspects from patient history to diagnosis, treatment, and follow-up. The detailed descriptions and systematic approach enhance the understanding of prednisolone-induced gingival enlargement and its management. However, the discrepancies noted regarding medication regimen and timing of symptoms versus treatment need addressing for a more accurate and reliable diagnosis.