

hyperkeratotic uremic stomatitis revealing decompensation of chronic kidney disease

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Abstract

Uremic stomatitis is a rare manifestation associated with longstanding uremia in chronic renal failure patients. Its evolution is favorable with earlier institution of renal replacement therapy. We report a case of hyperkeratotic uremic stomatitis that revealed decompensation of chronic kidney disease.

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Patient consent:

I confirm that written patient consent has been signed and collected in accordance with the journal's patient consent policy.

Author contribution:

Eya moussaoui : aquisition and analysis of data and drafting the manuscript

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Badreddine sriha: collection and interpretation of data

Ouaha lamia: revising the manuscript for important intellectual content

Nabiha douki: conception and design and revising the manuscript

Key clinical message: The hyperkeratotic uremic stomatitis should be suspected by the dentist every time the context of end stage renal disease is present. The high blood uremia, in absence of other possible etiologies will confirm the diagnosis. After decreasing blood urea level by hemodialysis, lesions will disappear.

Keywords: uremic stomatitis, uremia, oral hyperkeratosis, chronic renal failure, hemodialysis.

A 72- year- old female patient was referred by her dermatologist to the department of dental medicine. She presented with burning oral lesions and dysguesia. The medical history was significant for chronic kidney failure.

The Intraoral examination revealed adherent white plaque on the floor of the mouth, the labial and buccal mucosa, the dorsal surface and the lateral borders of the tongue (Fig 1). This plaque could not be scraped off.

In view of her medical history and the extensive nature of the oral lesions, a diagnosis of hyperkeratotic uremic stomatitis was made. A renal biochemical profile was requested. It showed an increased level of blood urea (360mg/dl)

Biopsies of the lesions showed a hyperplasic epithelium and sloughing of superficial keratin layers with minimal underlying inflammatory infiltrate, thus excluding other oral disorders (Fig2).

The patient was referred to the department of nephrology for further investigation and treatment. After 4 sessions of hemodialysis, the blood urea nitrogen level (BUN) decreased and the white lesions were completely eliminated.

Uremic stomatitis is a rare manifestation associated with longstanding uremia in chronic renal failure patients [1]. Its evolution is favorable with earlier institution of renal replacement therapy [2].

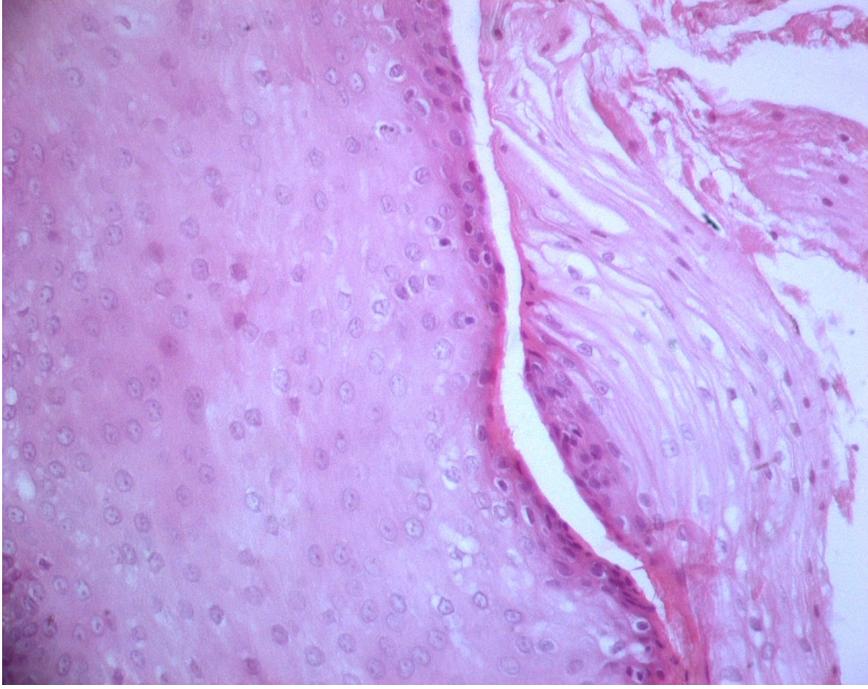
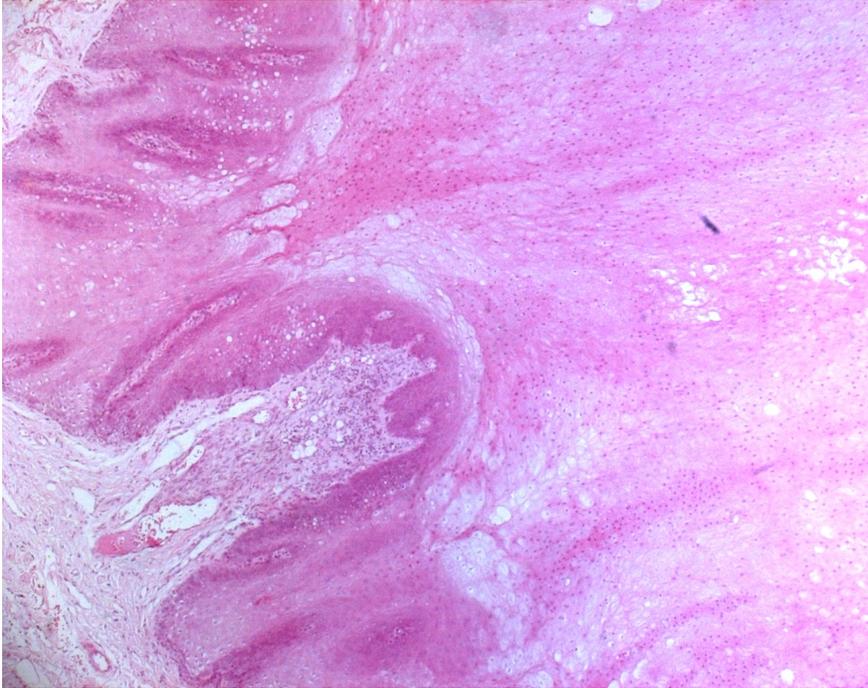
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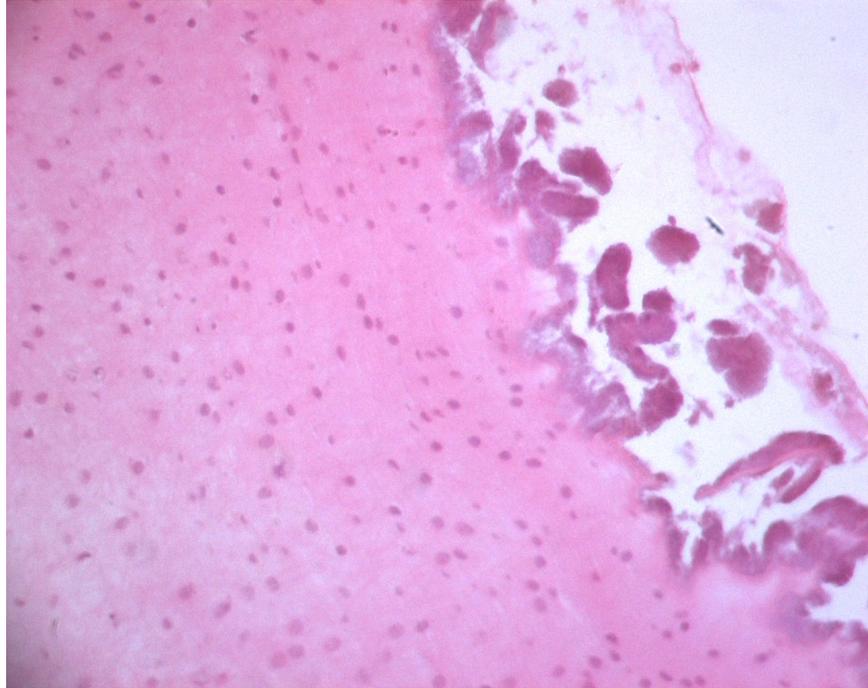
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Conflicts of interest:





All the authors declare not having any conflicts of interest.

Ethics statement:

Data from the patient included in this case report were treated anonymously and a statement of informed consent was signed to allow the use of her medical and dental records and photos.

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