



Chronic Hyperplastic Candidiasis in a Child: A Rare Case Report and Literature Update

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ABSTRACT

Chronic Hyperplastic candidiasis is a variant of candidiasis and in children it is a rare condition of oral mucosa.

Clinical Picture: *-An 11 year old girl presented with a history of white patch since fifteen days on dorsal surface of the tongue and it was not associated with any lesions on the skin or on any other oral mucosal sites. Histological pictures were consistent with candidal Hypae.*

Treatment: *-Only Topical Anti Fungal agents were given for one week twice daily for the lesion and along with that dental and gingival status were improved by conventional treatment procedures.*

Result:- *Complete elimination of the white patch was achieved along with the normal oral functioning.*

Conclusion:- *chronic hyperplastic candidiasis is a very rare type of oral candidiasis in children, early recognition and treatment is a must to prevent further complications.*

Keywords: *- chronic hyperplastic candidiasis, Anti-Fungal*

INTRODUCTION

Candidiasis which is also called as candidosis is caused by an over growth of fungus candida, the most commonly involved species is candida

albicans. It may occur in different forms, the clinical appearance will be influenced by the duration, location, and severity. Acute infections most likely to be associated with symptoms of

soreness and burning. Chronic infections will produce fewer symptoms and can be localized in some areas of the mouth or diffused. Oral manifestations of the candidiasis can be varied and they may occur separately or in combination also and the major forms of it can be distinguished.

The uncommon type of candidiasis which involves a white lesion that cant be wiped off is chronic hyper plastic candidiasis, this chronic condition is also known as candidal leukoplakia and is characterized by irregular whitishraised plaque-like lesions on thebuccal mucous membrane near to the commissures The tongue is rarely involved. The patient and referring dentist are often concerned about potential malignancy. Lesions are usuallybilateral, do not have a surface that iseasily removed, and can be extensive. Most patients are smokers. Other candidal lesions may also be present,possibly angular cheilitis, but in this case our patient isnot a smoker nor the lesion is present on the commissures or on the buccal mucosa, in this case it has involved the tongue which is the rarest site to get involved.

CASE REPORT

An eleven year old female patient reported to the Department of Oral Medicine with a white patch on the dorsal surface and on the lateral aspect of the tongue which was noticed by the parents since fifteen days. History revealed that the lesion was of same size since its onset and associated with burning sensation on eating spicy food. Clinical examination showed well-demarcated, palpable,

raised white lesionoughly oval in shape and measuring around 2 x 3 cm in size with small opaque plaques which cannot be rubbed off, and a similar lesion was also present on the both right and left lateral aspect of the tongue. She was the only affected family member among parents and relatives. All the vital signs were normal. The cutaneous examination was normal. There was nolocalized or generalized lymhadenopathy. The general physical examination showed that person was under built and under nourished with no significant contributory medical history and systemic examination was normal .On investigation, complete blood count was shown to be normal and smear was taken from the lesion and microscopically examined.

The smear was stained with rapid PAP and PASand the histopathology slideshowed long branching septate candidal hyphae. Desquamated epithelial cells and inflammatory cells were also seen in the background and showed that smear was positive for the presence of candidal hyphae.

On the basis of history, clinical examination and histological investigations we made a diagnosis of isolated chronichyper plastic candidiasis. The patient was treated withtopical anti fungal medication (candid-B) and nutritional supplements (multi vitamans, hematinics)were given after which the lesions cleared completelyin the duration of one week and showed good response to conventional antifungal treatment. Patient was asked to follow up after a month and lesion was healed completely and no recurrence was found.

Before Treatment (Picture 1,2,3)

After The Use Of Topical Anti Fungal (Picture 4, 5, 6)



Picture 1



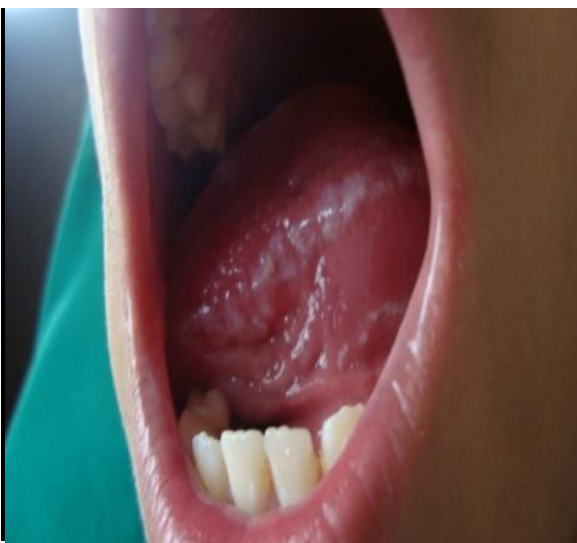
Picture 4



Picture 2



Picture 5



Picture 3



Picture 6

DISCUSSION

Candidiasis is a well-known but incompletely understood opportunistic mycotic infection in humans. Oral candidiasis is a collective term given to a group of disorders caused by the yeast *Candida* and its species.

Chronic hyperplastic candidosis is one of a kind of candidiasis types in which the lesions are almost always chronic in nature which is now termed as plaque-like or nodular variant of candidosis presenting as discrete raised lesions that vary from palpable, translucent, small whitish areas to large, dense, opaque plaques rough and hard to touch – plaque-like lesions. Speckled or Homogeneous areas that cannot be wiped off are relatively infrequently seen. Candidal leukoplakias usually occur on the inside surface of cheeks, less often on the tongue.

Biopsy is important as it shows varying degrees of dysplasia. The risk of carcinoma developing in candidal leukoplakia will depend on whether the lesion is speckled or homogeneous, the presence and degree of epithelial dysplasia, and the management adopted. The pathology of candidal leukoplakia includes parakeratosis and epithelial hyperplasia and *Candida* invasion restricted to the upper layers of epithelium. Oral cancer supervenes in 9 - 40% of candidal leukoplakias compared with the 2 - 6% risk of malignant transformation cited for leukoplakias in general.

Another characteristic histological feature of CHC is the collections of polymorph nuclear leukocytes forming "microabscesses" associated with candidal hyphae. Indeed these are considered to be diagnostic markers. The stratum spinosum itself

shows acanthosis with hyperplasia of the rete ridges.

The condition has associated in a minority of population with folate and iron deficiencies and with defective cell mediated immunity and hence it is important to check for these deficiencies in recalcitrant infections, which do not respond to antifungal therapy alone.

The reason why we are pointing out this case as a rare case is because of age what the disease as occurred because its unusual candidiasis to occur at this age, sex and the rarest part is the site at which the lesion as occurred that is the involvement of the tongue at the dorsal and lateral portion of the tongue and the patient was not on any medication for very long time and she was not associated with any of the systemic diseases.

Hereby we want to conclude that chronic hyperplastic candidiasis is a very rare type of oral candidiasis in children, early recognition and treatment is must to prevent further complications.

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