CARTAS AO EDITOR

Oral and maxillofacial findings in a patient with Vogt-Koyanagi-Harada syndrome

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Dear editor,

Vogt-Koyanagi-Harada syndrome (VKHS) is a rare granulomatous inflammatory disease, although the etiology and pathogenesis of VKHS needs to be further elucidated, it is widely accepted that the clinical manifestations are caused by an autoimmune response directed against melanin associated antigens in target organs that affect the melanin pigment responsible for melanocyte production and primarily affect pigmented structures such as eyes, ears, skin, meninges and hair.[1,2] In recent decades, accumulating evidence has shown that genetic factors, including VKHS specific risk factors, general risk factors for immune-mediated diseases, and dysfunction of immune responses, including the innate and/or adaptive immune system and environmental triggers are all involved in the development of VKHS. In general, the main findings and described in the literature of VKHS are vision and hearing disorders, followed by vitiligo, headaches and hair loss (alopecia).[3,4] Interestingly so far in the literature, there are no described records of the oral manifestations and in light of this challenge, the purpose of this letter is to alert the scientific community of the oral and maxillofacial findings in a patient with VKHS.

We describe here the oral findings in a 25-year-old male patient with a previous diagnosis of VKHS who came to the dental clinic accompanied by his mother who reported the presence of caries as his main complaint. On extraoral physical examination, the patient presented a complete loss of visual acuity and ocular lesion with intense keratosis, deafness, alopecia and dermatological lesions of scaling present on the limbs, periorbital and labial region (Image 1). The intraoral physical examination revealed cervical caries lesions on the maxillary central incisor teeth and on the buccal surface of the maxillary canine teeth. He also presented agenesis of the upper lateral incisors (Image 2). The test for quantification of salivary flow was performed, which showed salivary volume characteristic of hyposalivation. The discrepancy of occlusion and pronounced anterior open bite was clinically evident and illustrated by Cone-Beam Computed Tomography (Image 3).

The findings of this patient illustrates possible oral and maxillofacial manifestations of VKHS, however, the literature lacks information about such events, making it impossible to compare data, and to allow care focused on the patient's integral health. For lack of reports, we dont know if the patient with VKHS presents specific oral findings attributed to its development and habits. Syndromic patients are present in a specific group that has a higher risk of developing dental abnormalities, periodontal problems, and deleterious oral habits, and these should be the main concerns of the dental surgeon in the care, minimize major future problems, improving the quality of life of these patients.[5] In conclusion, the presence of oral and maxillofacial alterations in patients with VKHS can be observed throughout their growth and development and the dentist has an important role in diagnosis and follow-up.

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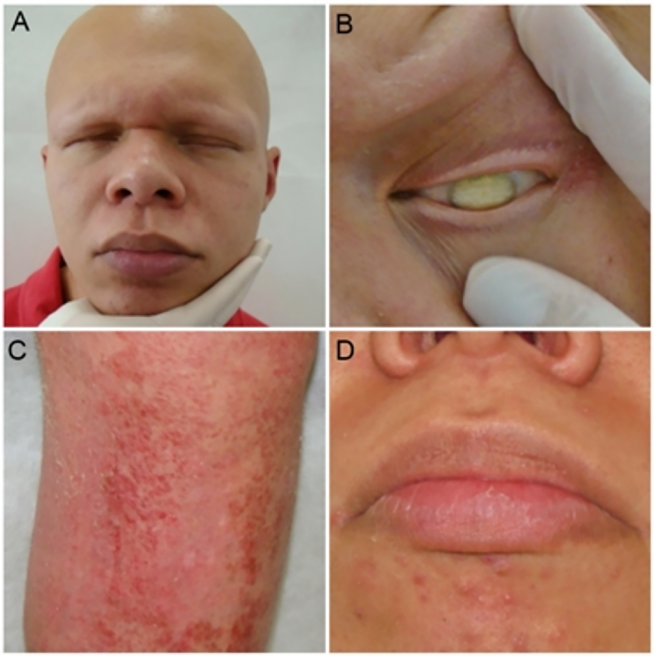

Image 1. Extraoral clinical findings of VKH syndrome. Alopecia (A), ocular lesion with intense keratosis (B) and presence of dermatological lesions of desquamation on the limbs (C), periorbital and labial region (D).

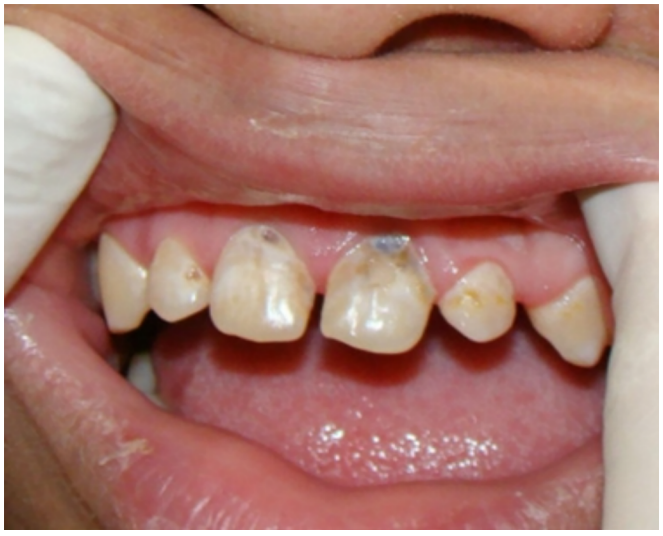

Image 2. Intraoral clinical findings of VKH syndrome. Cervical carious lesions on maxillary central incisors and the buccal surface of maxillary canines.

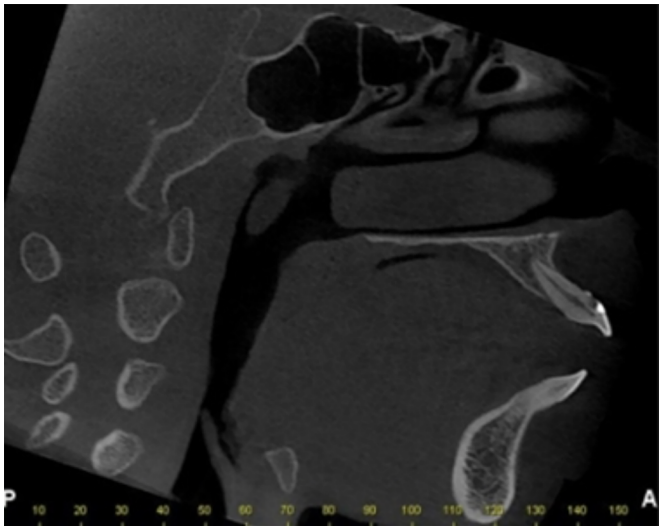

Image 3. CBCT sagittal reconstruction. Occlusal discrepancy and pronounced open bite.

PATIENT CONSENT

The patient consent was obtained for this study.

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