

A 52 YO CAUCASIAN FEMALE PRESENTS WITH A MEDICAL HX THAT INCLUDES MIGRAINE HEADACHES, GRANULOMA ANNULARE, AND MENOPAUSE. CURRENT MEDICATIONS INCLUDE TOPOMAX, NORTRIPTILYNE, MAXALT PRN, MULTIVITAMINS, FISH OIL, AND BOTOX INJ Q 12 WEEKS. PT INITIALLY NOTICED LESIONS SUMMER 2012 AND WAS REFERRED BY HER GENERAL DENTIST IN FEB 2013 FOR EVALUATION/BIOPSY.. MARCH OF 2013 THE PATIENT WAS DIAGNOSED AS MENOPAUSAL BASED ON BLOOD WORK, BUT WAS NOT PLACED ON ANY MEDICATION. IN JUNE 2013, HER NEUROLOGIST CHANGED HER MIGRAINE MANAGEMENT FROM TOPOMAX AND NORTRIPTILYNE (WHICH SHE HAD BEEN TAKING FOR 2-3 YEARS) AND PLACED HER ON INDERAL, WHICH SHE HAD TAKEN PREVIOUSLY. THESE MEDICATION CHANGES DID NOT ALTER THE PRESENTATION OF THE GINGIVAL LESIONS OR THEIR RECURRENCE, SO IN FEB 2014 HE WAS PLACED BACK ON TOPOMAX AND NORTRIPTILYNE. IN NOV 2013, THE PT WAS PLACED ON ESTROGEN AND PROGESTERONE, AGAIN WITH NO CHANGE IN LESIONS; SHE WAS THEN TAKEN OFF THE HORMONES IN MAY 2014. PT WAS PLACED ON A STRICT PERIODONTAL MAINTENANCE SCHEDULE AND RETURNED EVERY 2-3 MONTHS. PT HAD GINGIVECTOMIES AND BIOPSIES PERFORMED IN JULY, NOV, DEC 2013 AND FEB, MAR 2014. TRAYS WERE MADE AND PT WAS PRESCRIBED LIDEX 0.05% OINTMENT DEC 2013, WITH RECURRENCE NOTED, MEDICATION WAS SWITCHED TO CLOBETASOL 0.05% (APPLY TO TRAYS AND WEAR 30 MIN QID) IN FEB 2014. ALSO PRESCRIBED 0.12% CHX. RE-EVALUATION AT THE MAINTENANCE APPOINTMENT 31 JUL 14 REVEALED RECURRENCE OF LESIONS DESPITE SUPERIOR PLAQUE CONTROL. BIOPSY WAS TAKEN OF D PAPILLA AND GINGIVAL MARGIN #20.







**JUNE 2014 FOLLOWING 5 GTMY
PROCEDURES & TOPICAL STEROID TX**











**AUG 2014 MAINT, TOPICAL STEROID TX
MAX ONLY WITH 0.12% CHX
BIOPSY TAKEN #20L, DL**







