INTERNAL X MEDICINE

□ PICTURES IN CLINICAL MEDICINE □

Nifedipine-Induced Gingival Hypertrophy

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Picture 1.



Picture 2.

A 55-year-old man was referred to us because of renal dysfunction (serum creatinine 1.82 mg/dL). Three years earlier, he had aortic dissection associated with left renal artery occlusion and had undergone surgery for ascending aorta and aortic arch replacement. He had been receiving the following medications for 3 years; nifedipine (Adalat-CR) 40



Picture 3.

mg, carvedilol 10 mg, aspirin 100 mg, allopurinol 200 mg, and famotidine 10 mg daily. Examination revealed severe gingival hypertrophy with bleeding (Picture 1). These manifestations prevented him from tooth brushing. We substituted losartan potassium 25 mg daily for nifedipine. Gingival hypertrophy improved 4 months later (Picture 2) and it was resolved 3 years after nifedipine withdrawal (Picture 3). Calcium channel blockers, phenytoin, and cyclosporin are known to cause gingival hypertrophy. The mechanisms are still unclear. Cessation of the drug or meticulous plaque control is recommended for treatment (1). We should not overlook this adverse event which can cause an unpleasant odor, bleeding, infections, or eating difficulty (1).

The authors state that they have no Conflict of Interest (COI).

Reference

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