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# LETTER TO THE EDITOR

## Orofacial granulomatosis

We read with interest the case series of orofacial granulomatosis (OFG) of Sciubba and Said-Al-Naief (1). We have some experience of patients with OFG in the UK, and can empathise with the authors' statement that 'treatment of OFG is often difficult'.

The variable clinical presentation of OFG can lead to a delay in the referral of patients to appropriate centres, and the complex diagnostic investigations that are often required can delay early therapy. In particular, the inconsistent association of oral and intestinal features of Crohn's disease often necessitates detailed gastrointestinal investigation and the need to sometimes (but not always) exclude a dietary association, which can further complicate early confirmation of the diagnosis of OFG (2–4).

With regard to therapy, patients are often reluctant to have intralesional corticosteroid therapy, and in any event, such an approach seems to be variably effective. Therapy with systemic corticosteroids and/or corticosteroid-sparing agents seems, at least in our experience, to have a variable impact upon OFG and, of course, has the disadvantage of serious potential systemic adverse effects therefore limiting their use in patients with pre-existing medical conditions.

We have previously reported the successful use of short-term low-dose systemic thalidomide (5). However, because of its potential teratogenic action, thalidomide cannot be prescribed to females of child-bearing age, and needs to be closely monitored in those in whom it is used with 6-monthly sensory nerve action potentials. Topical tacrolimus ointment has also been reported to be effective in the treatment of oral and perineal Crohn's disease (6, 7), but this is likely only to be effective for mild disease.

There is clearly a need to enhance knowledge of this uncommon orofacial disorder that can have a deleterious impact upon patient quality of life.

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