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LETTER TO THE EDITORS

Orofacial Granulomatosis in Spain[☆]

Granulomatosis orofacial en España

To the Editor:

We read with interest the article by Martínez and colleagues¹ on granulomatous cheilitis published in *Actas Dermo-Sifiliográficas* in October 2012, in which the authors reported a series of 6 cases of granulomatous cheilitis in Spain. All 6 patients had swelling of the upper lip and 2 also had swelling elsewhere (the gums in 1 case and the perioral region, cheeks, and submandibular region in the other). None of the patients had facial palsy and only 1 had a fissured tongue; none developed Crohn disease. The clinical characteristics they reported are similar to those of a series of 20 patients with orofacial granulomatosis-granulomatous cheilitis we published recently.²

As Martínez and colleagues mention, many studies have linked granulomatous cheilitis to Crohn disease. However, in line with their findings, none of the cases in our series of patients with orofacial granulomatosis (all of whom had granulomatous cheilitis) were associated with Crohn disease.² On reviewing the literature, we are surprised to find studies in which orofacial granulomatosis is associated with Crohn disease in 22% of cases in 1 study³ and even 30% in another.⁴ The large discrepancy between our own study and the findings of other authors, could lead us to wonder whether perhaps our study had some defect or that we failed to detect this association in our patients. However, the studies that have found a high association with Crohn disease were carried out in northern European countries. It is, therefore, possible that the differences observed may be due, at least in part, to differences in the incidence or clinical behavior of these diseases between northern and

Mediterranean populations in Europe. Not all the data from studies undertaken in other countries can be extrapolated to our population and for this reason it is important to carry out clinical studies in Spain, where the situation may not always be the same as in other geographical areas.

We believe that in our Mediterranean population the association of orofacial granulomatosis-granulomatous cheilitis with Crohn disease is uncommon and that there is therefore no justification in Spain for performing routine colonoscopies in patients with orofacial granulomatosis-granulomatous cheilitis if they have no digestive symptoms.

References

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