

## Amlodipine-induced gingival overgrowth

### *Amlodipine bağlı gingival büyüme*

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Gingival overgrowth in hypertensive patients using calcium channel blockers (CCBs) may be overlooked. Drug variables, dental plaque, and genetic factors appear to be significant factors for the expression of gingival overgrowth.<sup>[1]</sup> In this case, we describe a rare cause of amlodipine-induced gingival overgrowth in a family health center.

A 58-year-old man presented in our clinic with a complaint of painless gingival overgrowth (Figure 1). The patient was referred to our clinic by his dentist with the preliminary diagnosis of a drug-induced side effect. Gingival overgrowth involved the interdental papilla and marginal gingiva (Grade II-moderate overgrowth) localized on the anterolateral facial surface of the labial maxillary gingiva. Poor oral hygiene was observed. Medical history of the patient revealed that he had regularly received 10 mg amlodipine per day for three months for a recently diagnosed primary hypertension. Physical examination was non-specific, except the gingival overgrowth. Laboratory tests revealed hyperlipidemia. The medication was replaced with ramipril 10 mg/day and the patient was followed for two months. The diagnosis of gingival overgrowth was confirmed, as his symptoms disappeared. The case was classified as a probable adverse drug reaction based on six points of the Naranjo Adverse Drug Reaction Probability Scale. A written informed consent was obtained from the patient.

Gingival overgrowth was reported to be resolved in one to two months, when detected at an early

stage. However, requirement of surgical excision of excess tissue has been reported in two-thirds of the cases, in addition to the change of the drug.<sup>[2]</sup> After the follow-up by an oral medicine specialist, the medical and surgical treatment options should be implemented. Chlorhexidine gluconate (bactericidal oral rinse) and macrolide antibiotics (azithromycin, roxithromycin) are used to treat gingival inflammation and dental plaques in patients with poor oral hygiene.<sup>[3]</sup> Gingivectomy with laser is also recommended for patients with moderate to severe gingival enlargement which does not improve with the inevitable oral hygiene and/or antibiotic



**Figure 1.** Gingival overgrowth.



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therapy. In patients for whom prophylactic measures and drug discontinuation fail, surgical care remains the last treatment option.<sup>[4]</sup>

Calcium channel blockers are commonly used therapeutic options in the management of hypertension.<sup>[5]</sup> During the follow-up of gingival overgrowth, clinicians should provide follow-up care twice a year for patients taking drugs known to induce gingival overgrowth and inform patients regarding the risks of gingival overgrowth secondary to drugs to minimize complications and decrease the duration of treatment.

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