Beta blocker-induced Recurrent Aphthous Stomatitis

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A 72-year-old man was referred to our hospital owing to recurrent stomatitis for 2 years. He had undergone percutaneous coronary intervention for acute myocardial infarction and had started receiving bisoprolol two years ago; he subsequently developed recurrent stomatitis with pain. He had no gastrointestinal or systemic symptoms. An examination of the tongue revealed multiple aphthous stomatitis (Picture). No abnormalities were observed in the fundus, extremities, or pubic regions. The white blood cell count was 7,600/μL, and the serum C-reactive protein level was 0.52 mg/dL. Drug-induced aphthous ulceration has been associated with nonsteroidal anti-inflammatory drugs, beta blockers, nicorandil, and alendronate (1). Beta blockers have been reported to cause adverse effects in the oral cavity, such as dry mouth, oral lichen planus-like drug eruptions, aphthous ulcers, and angioedema (2). Considering bisoprolol as a causative agent of recurrent stomatitis, we discontinued its administration. At the four-week follow-up, stomatitis and its associated pain had resolved.

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

References


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