Gold granuloma after accidental implantation

F R Scott, A P Dhillon, J F Lewin, W Flavell, I M Laws

Abstract
A case, in a 66 year old man, of a florid granulomatous reaction to gold dental alloy presenting about 20 years after accidental implantation in the oral mucosa of the lip is reported. Subsequent energy dispersive analysis confirmed the presence of a high nobility gold dental alloy. Florid granulomatosis has only rarely been reported in association with gold. Possible explanations for the delay in presentation include alteration of immune status or the development of hypersensitivity with components of the gold dental alloy acting as haptenns.

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Keywords: Gold dental alloy, florid granulomatosis, oral mucosa.

Gold has been widely used as a dental restorative material, largely because of its inert biological nature. Gold deposition has been reported in a variety of sites, usually as a result of chrysotherapy. Cox et al6 and Keen et al8 have reported cases of gold deposition in the dermis following chrysotherapy. Landas et al9 have described gold deposition in the liver in rheumatoid arthritis. However, gold is an uncommon finding in oral lesions. Levison et al10 analysed particulate matter from 222 oral lesions and gold was identified in one case only. Experimental studies carried out by Matsui et al6 and Nagem-Filho et al11 showed that subcutaneous implantation of gold (24 K) and gold alloy in rats caused only a mild tissue reaction compared with other dental restorative materials, inducing relatively few inflammatory cells.

Case report
A fit and otherwise healthy 66 year old man presented with an 18 month history of painless oral swellings. Examination showed three pale mucosal nodules on the inner aspect of the right upper lip and both sides of the inner lower lip, each measuring approximately 1 cm in diameter. An incisional biopsy of one lesion was...
Energy dispersive analysis of a typical particle was carried out. A 10 μm section containing the particulate matter was coated with carbon and placed in a Philips 501 scanning electron microscope. The particulate matter was then subjected to energy dispersive analysis at 30 kV for periods of 100 seconds. A typical particle was composed of gold (84–15%) with small amounts of copper (8–93.8%), silver (5–81%), and iron (0–33%). These figures were similar to a routinely used high nobility gold dental alloy (Argenco 10). Peaks for silicon, calcium and magnesium related to the presence of these elements in the glass microscope slide. The presence of iron may reflect the result of haemorrhage within the tissue dating from the time of implantation.

Discussion

Granulomatous inflammation is a distinctive reaction by tissue to irritant undegradable material. A florid reaction to gold or high nobility gold alloy such as that seen in this case is unusual. Most experimental and clinical evidence suggests that the tissue response to gold alloy is mild, reflecting its inert biological nature. Of the nine cases reported by Keen et al.,2 only one had a granulomatous reaction to the deposited gold. More common reactions to gold in the dermis include a non-specific eczematous or urticarial reaction, plaques resembling lichen planus and pityriasis rosea. A florid granulomatous contact dermatitis to gold earrings (18 K) has also been reported,3 where the granulomas were accompanied by intracytoplasmic crystalline inclusions within macrophages and lymphocytes. This feature was not identified in our case, although asteroid bodies, a histologically non-specific finding, were seen within many multinucleate giant cells.

Finally, an interesting observation in our case was the prolonged length of time between presentation and the original dental work. Possible explanations include alteration of the host immune status, or the development of hypersensitivity with components of the gold dental alloy acting as haptons.

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