

Resolution of cyclosporine-induced gingival hyperplasia resistant to azithromycin by switching to tacrolimus

Cyclosporine (CsA)-induced gingival hyperplasia (CIGH) is a common side effect of CsA. A 54-year old woman was diagnosed as having severe aplastic anemia with trilineage cytopenia. Since she had no HLA-matched relatives, she was treated with immunosuppression including anti-lymphocyte globulin, methylprednisolone, recombinant human granulocyte colony-stimulating factor and CsA (oral dose of 3.5 mg/kg/12 h). Six weeks after the beginning of the treatment the patient presented with oral discomfort and frequent gum bleeding. At that time, a physical examination showed severe gingival hyperplasia (Figure 1a). Based on a recent paper that shows the efficacy of azithromycin in the treatment of CIGH, two courses of this macrolide antibiotic (500 mg/24 h on day 1 followed by 250 mg/24 h on days 2-5) were administered, in spite of which the CIGH progressed.¹ CsA was discontinued and oral tacrolimus (FK-506) at 3 mg/12 h was started, resulting in complete remission of the CIGH and the associated symptomatology within the next weeks (Figure 1b). Withdrawal of CsA and replacement with FK-506 may be a good approach in cases of CIGH resistant to azithromycin.

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References

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Figure 1. A) Cyclosporine-induced gingival hyperplasia during the period the patient was receiving cyclosporine. B) Remission of the gingival hyperplasia after withdrawal of CsA and replacement with FK-506.