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Oral Lesions Secondary to Cocaine Use

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A 47-year-old female with a history of hepatitis C and drug abuse presented to the emergency department (ED) with a 3-week history of oral and chin ulcers, productive cough, and dyspnea. Her initial vital signs were BP 80/51, HR 111, RR 20, Temp 97.9°F. Physical exam was notable for oral and chin lesions to the tongue and anterior gums (Figure 1 and 2). Otherwise no other bullous or embolic lesions were noted on the patient. Initial labs were remarkable for white blood cell count 1.2 K/L, sodium 128 mEq/L, bicarbonate 23 mEq/L, blood urea nitrogen 20 mg/dL, creatinine 0.4 mg/dL. Urine drug screen was positive for cocaine and opioids. Human immunodeficiency virus (HIV) test was negative. Dermatology, which was consulted during her inpatient stay to evaluate the cause of the oral lesions, noted only non-specific spongiform pattern of inflammation on biopsy. The lesions began to fall off and heal during her hospital stay, and the team noted that all the lesions were to the anterior mouth. Upon further questioning, she admitted to burning her lips and mouth on a crack pipe.

Cocaine-associated oral lesions can present in a variety of ways, including poor dentition, mouth ulcerations found to the anterior mouth (as in our patient), and lesions in various stages

of healing.¹ In this septic patient, the lesions were initially thought to be indicators of severe systemic disease, but were merely a distractor. Interestingly, a study did find a small increased incidence of HIV in patients presenting with crack pipe burns.²

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Figure 1. Lesion to mucosa of inner lip.



Figure 2. Multiple lesions on tongue.