Case Presentation

This 75-year-old lady, presented to us with ulcerated lesions on her face. She had no history of trauma to the face or any contact with a chemical substance. She had difficulty feeding due to severe pain in her oral cavity and lips.

On physical exam, she was found to have diffuse crusting lesions over her upper lip, nasal tip, lower lip, as well as on her upper and lower gingivae and her hard palate (Figure 1). Scraping the lesions gently shows them to be friable, with a bloody base beneath the crust.

A biopsy was taken from these lesions by the bedside and was sent to pathology.

![Figure 1. Lesions of lips, nasal tip and ingivae.](image)

**DIAGNOSIS:** Noma (Cancrum Oris)

Discussion

Noma has been referred to as “maladie dévoreuse de beauté et de vie” (“An illness devouring beauty and life”) by Edmond Kaiser, founder of the humanitarian organization Sentinelles. The word originates from the Greek verb *numein* meaning “to devour”. This gangrenous disease affects soft and hard tissues of the mouth and face, and occurs predominantly in children of less developed countries having poor hygienic conditions and debilitating diseases. The disease is severely disfiguring, and thus it has also been named “the face of poverty”. The cause of cancrum oris is unknown, but it is presumed to be infectious in origin. Some of the risk factors include Malaria, malnutrition, measles, and poor oral hygiene.
Cancrum oris occurs in several forms. The classic form of the disease mostly affects children between 3 and 6 years of age in less developed countries. Another form, Noma of the debilitated adult, is less locally invasive, and occurs in immuno-compromised adults with major debilitating diseases in both developed and developing countries. A third form, Noma neonatorum, has been called Noma due to similarity of the facial lesions but it is a different disease affecting premature babies mostly. This form may also include necrosis of the perineal region, which is fatal in almost all cases because of irreversible septicaemia. It is important to remember that Noma neonatorum is a discrete pathological entity that should not be confused with the classic form of Noma.

The disease starts as an acute necrotizing gingivitis, followed by an acute stage, of unknown duration. The first sign of acute noma is edema of the cheek, gingiva, or both, followed by necrotising stomatitis, until bone is exposed with exfoliation of teeth. The course of disease is very rapid and death can occur only a few days after the onset of edema.

Clinically, most cases are unilateral. If the disease progresses, it may present with anorexia, prostration, fetid odour, excessive salivation, and occasionally local adenopathy. Pain and fever are common. Secondary infections occur very rapidly, and most children die at this stage because of starvation, aspiration pneumonia, or sepsis.

Consequences of Noma include healing by fibrous scars which may lead to definitive strictures of the mouth. Other consequences include severe dental malposition and salivary incontinence. Defective speech and nasal regurgitation occur when the maxilla is lost.

The introduction of nutritional rehabilitation, local disinfection, & broad spectrum antibiotics at the earliest stage can halt the disease. Other treatments for the acute phase include rehydration and improved oral hygiene. Physiotherapy may be helpful for the prevention of mouth contractures. However, if the disease is more advanced, the only possible treatment is reconstructive surgery. This is one of the most challenging problems for surgeons, with each case requiring an individualized approach.

Several factors can aid in the prevention of noma and its sequelae, including early recognition, appropriate diagnosis, correct understanding of the disease process, and attempts at directed preventive and therapeutic strategies. A multidisciplinary team approach is needed for optimum research and
management strategies. Noma is preventable if the disease is detected and recognized at an early stage.

REFERENCES
5. Falkler WA Jr. Enwonwu CO. Idigbe EO. Microbiological understandings and mysteries of noma (cancrum oris), Oral Diseases. 5(2):150-5, 1999 Apr