



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

## PRIMARY IDIOPATHIC COMPLEX APHTHOSIS: DIAGNOSIS AND SUCCESSFUL TREATMENT WITH COLCHICINE AND MONTELUKAST IN A 44-YEAR OLD FILIPINO FEMALE

*Tm Aquino<sup>(1)</sup> - Mj Jamora<sup>(1)</sup>*

*Quirino Memorial Medical Center, Qmmc-skin And Cancer Foundation, Inc. Department Of Dermatology, Quezon City, Philippines<sup>(1)</sup>*

**Background:** Recurrent aphthous stomatitis (RAS) is a common oral ailment characterized by frequent attacks of painful oral ulcers that heal spontaneously. Severe form of RAS is known as complex aphthosis (CA) which is an unfamiliar term for many. Characterized by almost always constant presence of  $\geq 3$  painful aphthae alone, with or without genital aphthosis AND exclusion of Behcet disease (BD). CA may be a reactive condition; thus, diagnosis is based on exclusion.

**Observation:** Herein, we present an eight-year case of a primary idiopathic CA; work-up and examination were done to exclude BD and other diseases. Colchicine and montelukast were preferred as alternatives for systemic glucocorticoids which showed favorable control of CA observed in 5 months.

**Key message:** Emphasis to rule out BD is important since it's a multisystem disease that requires different management. Management of primary CA varies, but most patients warrant the use of systemic agents because of its intractability. Multiple agents have been studied and proven to control CA; because of prolonged treatment, systemic medications with least side effects are preferred. Montelukast was shown to provide same level of disease control compared with colchicine as seen in this case. It inhibits leukotriene receptor, neutrophils and blocks immune-complex mediated hypersensitivity, thereby interrupting development of RAS. It is unclear until now if CA predisposes a patient to develop BD. Therefore, it is advocated to monitor patient for progression since It may precede the diagnosis for several years.

