Introduction to: Traumatic Granulomas, aka Gum-Chewer Syndrome.

In the little space left, I want to introduce “Gum Chewer Syndrome”. We see this condition sublingually more in small, high-energy dogs but I have also seen it in a Bernese Mountain Dog. The caudal buccal lesions can occur in any size patient.

The lesion starts when the patient accidentally bites on a redundant fold of sublingual or caudal buccal oral mucosa. The traumatized tissue then becomes inflamed and enlarged, making it harder for the patient to avoid chewing on it again. Repeated cycles of trauma, inflammation and healing can lead to granulomatous hyperplasia and now a self-perpetuating cycle has been established. The term ‘Gum Chewer” comes from the typical behaviour from these pets in which they try to close their mouth but have to work hard at it to get the soft tissues out of the way. It makes them look like they are chewing on something (and they are). They may also yelp and run and hide when they bite the granuloma during eating or grooming.

Here are some typical sublingual lesions.

Above is a fuzzy photo of a caudal buccal lesion.

Treatment for the sublingual lesions is surgical resection of the redundant tissue, taking care to not ‘tongue-tie’ the patient. Here is a post-operative view from the first case.

For the caudal buccal lesions, the more diffuse nature of the problem makes simple resection of the soft tissue harder and less likely to work. If you remove too much tissue, the animal will not be able to open its mouth. Remove too little and you have not helped the patient. Part of the problem is that the folds ‘disappear’ when you open the mouth and stretch them out, only to re-develop as the mouth closes. In those cases, extraction of upper and/or lower molars may be indicated to alleviate the painful situation.

Whenever you have a patient anesthetized for any reason, always do an oral examination and make sure to include an inspection of the sublingual area. It is amazing what you will find if you take the time to look.