A 42-YEAR-OLD WOMAN PRESENTED TO THE DERMATOLOGY CLINIC WITH a 6-week history of rapidly progressive, painful gingival hyperplasia. She had recurrent epistaxis, and three necrotic ulcers had developed on her face over the previous 4 weeks. An oral examination revealed gingival hyperplasia with a granular and hemorrhagic appearance typical of “strawberry gingivitis.” Laboratory test results showed an elevated titer of antineutrophil cytoplasmic antibodies with a cytoplasmic staining pattern (c-ANCA), and an enzyme-linked immunosorbent assay for anti–proteinase 3 antibodies was positive. The serum creatinine level and urinalysis results were normal. Computed tomography of the head and chest revealed normal paranasal sinuses and multiple pulmonary nodules. A diagnosis of granulomatosis with polyangiitis was established on the basis of these clinical and laboratory findings. Strawberry gingivitis is a rare manifestation of granulomatosis with polyangiitis, and its clinical presentation is highly suggestive of the disease. The patient initiated treatment with prednisolone and cyclophosphamide but was lost to follow-up.