Case Report

Benign migratory glossitis associated with fissured tongue

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ABSTRACT

This case report presents a case of benign migratory glossitis. It is a lesion characterized by multifocal, circinate, or irregular erythematous patches which represent loss of filiform papillae. A 38-year-old male patient reported with painless and reddish-white lesion on the tongue. Medical history was negative and there was no known history of any allergies. On intraoral examination, it was observed that there were multiple erythematous patches with well-defined white borders. A diagnosis of geographic tongue was made.

KEY WORDS: Benign migratory glossitis, Fissured tongue, Geographic tongue

INTRODUCTION

The benign migratory glossitis has a prevalence rate of only 12.07% in India.[1] It can be a manifestation of many systemic diseases like psoriasis and often develop fear among patients relating to cancer. Therefore, knowledge about the lesion is of utmost importance for clinicians.

CASE REPORT

A 38-year-old male patient reported to the department of periodontics and oral implantology complaining of painless and reddish-white lesion on the tongue.

Medical History

It was non-contributory and there was no known history of any allergies.

Intraoral Examination

On examining the middle third of the dorsum of the tongue, it was observed that there were multiple irregular, erythematous, and non-scrapable patches with well-defined white borders. The dorsum of the tongue also showed fissures and depapillation on examination [Figure 1].

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Investigations

Both fungal infection and blood disorders like anemia were eliminated as periodic acid Schiff stain was negative and red blood cell counts were in normal range, respectively.

A diagnosis of geographic tongue was made. The patient was advised to maintain his oral hygiene and periodic follow-up was scheduled.

DISCUSSION

Geographic tongue is also known as benign migratory glossitis. It was first described by Rayer in 1831.[2]

Figure 1: Benign migratory glossitis associated with fissured tongue

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Geographic tongue varies, with stages of exacerbation and remission of the lesion.[3] Geographic tongue is associated with fissured tongue in 50% of patients.[4] These lesions manifest themselves as multifocal, circinate, or irregular erythematous patches which represent loss of filiform papillae. An elevated white or yellow border is usually associated with it.[5] The differential diagnosis includes candidiasis, psoriasis, Reiter syndrome, lichen planus, leukoplakia, systemic lupus erythematosus, herpes simplex virus, and drug reaction.[2] Usually, no treatment is required for patients suffering from the lesion apart from reassurance.[6] Further, evaluation of different clinical presentations of geographic tongue needs to be documented.

CONCLUSION

The benign migratory glossitis has a prevalence rate of only 3% in the United States. They can be manifestations of many systemic diseases. Therefore, knowledge about the lesion is of utmost importance for clinicians.

REFERENCES

1. Patil S, Kaswan S, Rahman F, Doni B. Prevalence of tongue lesions in the Indian population. J Clin Exp Dent 2013;5:e128-32.
2. Assimakopoulos D, Patrikakos G, Fotika C, Elisaf M. Benign migratory glossitis or geographic tongue: An enigmatic oral lesion. Am J Med 2002;113:751-5.
3. Wollenberg A, Seba A, Antal AS. Immunological and molecular targets of atopic dermatitis treatment. Br J Dermatol 2014;170:7-11.
4. Eidelman E, Chosack A, Cohen T. Scrotal tongue and geographic tongue: Polygenic and associated traits. Oral Surg Oral Med Oral Pathol 1976;42:591-6.
5. Champion RH, Burton JL, Burns DA, Breathnach SM. Textbook of Dermatology. 6th ed. London, UK: Blackwell Science; 1998. p. 3102-4.
6. Rhyne TR, Smith SW, Minier AL. Multiple, annular, erythematous lesions of the oral mucosa. J Am Dent Assoc 1988;116:217-8.

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