Case Report

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GEOGRAPHIC TONGUE

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ABSTRACT:

Geographic Tongue is a psoriasiform mucositis of the dorsum of the tongue.Its main feature is a constantly changing pattern of serpiginous white lines surrounding areas of smooth,depapillated mucosa.The etiology of geographic tongue is unknown but it does seem to become more prominent during conditions of psychological stress & is found in increased frequency in persons with psoriasis of the skin.

Key words: Denudation, exacerbation ,remission, desquamation.

INTRODUCTION:

Geographic Tongue refers to irregularly shaped , reddish areas of depapillation & thinning of the dorsal tongue epithelium that are usually surrounded by a narrow zone of regenerating papillae that is whiter than surrounding tongue surface.

It is a benign condition commonly occurring on the tip, lateral borders & dorsum of the tongue.

Geographic tongue is characterized by periods of remission & exacerbations of varying duration. During remission, the condition resolves without residual scar formation. Recurrence tends to occur in new locations, thus producing the migratory pattern. It can occur extra-glossally on lateral surfaces also [1-9].

The aim of this paper is to report a case of Geographic Tongue in a 36 year old female, reported at the camp site in village Pachayatan,G.B.Nagar District,UP.

CASE DETAIL:

This is a case of a 36 year old female, who reported us at a camp conducted on 24th Jan 2012 at village Pachayatan,G.B.Nagar District,UP.

She came for the restoration of her teeth in the camp.The patient had a lesion on dorsal surface of tongue with raised white borders & slighltly depressed atrophic centres since birth. There is denudation of filiform papillae in the atrophic centres.She also gave the history of migratory nature of the lesion. She told that for few weeks the lesion is at dorsal surface of the tongue, later it migrates to lateral border of tongue & sometimes at the tip. She knew about this lesion since

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childhood, but as it was asymptomatic, no treatment was required.

She takes only vegetarian & non spicy food, with no history of any adverse habits. She did not give any relevant medical history nor the family history was related to the lesion.

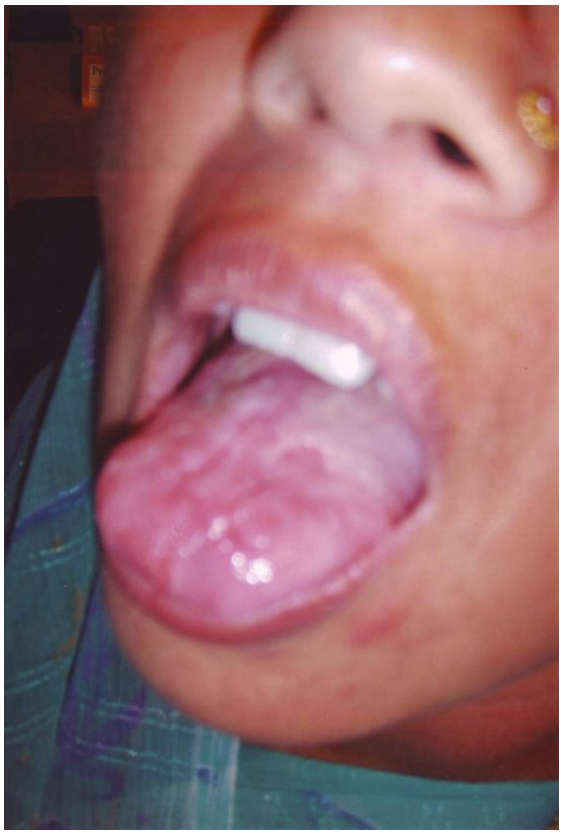

Figure 1:Geographic tounge

Oral examination revealed circinate irregular erythematous patches bound by a slightly elevated white/ cream coloured keratotic band/ line.The central erythematous patch represents atrophy of filiform papillae.

The clinical diagnosis is based on its characteristics history of migration, its circinate appearance & lack of significant pain as opposed to burning as a subjective complaint. For confirmation of diagnosis, we performed histopathological examination of the lesion.

Histopathological examination revealed loss of filiform papillae leaving a flattened mucosal surface .The white circinate lines show peripheral hyerkeratosis & acanthosis.Central erythematous areas reveal desquamation of papillation & exocytosis of polymorphonuclear leukocytes & lymphocytes in the epithelium. A mixed inflammatory infiltrate of lymphocytes, plasma cells & neutrophills is seen in underlying connective tissue.

DISCUSSION:

The etiology of Geographic tongue remains unknown .Several related etiologic factors have been proposed, however none of the suggested causes provide clear-cut evidence of a causal relationship. Some investigators have classified this condition as a congenital anomaly. Other researchers have discussed the role of heredity in its development [10]. Some investigators have suggested geographic tongue is an oral manifestation of Psoriasis [11-12].Psychosomatic factors appear to play a significant role in the etiology of geographic tongue [13].

Geographic tongue may occur at any age with no apparent racial predilection. According to some investigators this condition is more prevalent in younger individuals [14,15,16] however others have found most cases are noted in patient over 40 years of age [17]

The sex predilection of affected individuals varies with different studies. Geographic tongue was noted more in women than in men [18]. On the contrary, some authors reported this condition

occurs more frequently in boys [19,20].Other authors observed no sex predilection [21]

CONCLUSION:

To our knowledge, this kind of case is among the 1st case in that area,but since it doesn't have a known etiology, we need to find out more cases in that area to come to some conclusion for its cause. For symptomatic lesions, it can be treated with topical prednisolone & systemic multivitamins.

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