

Say Ahh ... Part 2

The tongue has many stories to tell. Sometimes they're benign, sometimes not. Can you tell which is which?

Match the diagnosis to the photo by letter

- a. Fissured tongue
- b. Thrush
- c. Lingual thyroid
- d. Geographic tongue



1. A 71-year-old woman presented with complaints about her tongue's "strange appearance." She denied pain or discomfort and was unsure how long the lesions had been there. The patient also indicated that the distribution of the lesions seemed to change. Examination revealed large, well-delineated, shiny, smooth, erythematous spots on the surface of the tongue.



2. A 26-year-old nonsmoking obese woman presented for treatment of a mass at the back of her tongue that was causing intermittent dysphagia and nocturnal choking when she was lying down. She had first noticed the mass 3 years prior; it had been asymptomatic until her recent pregnancy, when its size increased significantly. She denied hemoptysis and dyspnea. Examination revealed a purplish, 3×3-cm, midline posterior tongue mass with marked superficial vasculature. The mass was firm, nontender, and nonfriable on palpation. Nasopharyngoscopy revealed a patent airway. There were no other lesions.



3. During a primary care visit, a 29-year-old woman expressed worry about the appearance of her tongue. She had recently noticed deep lines in her tongue and wondered if she had a disease. Upon further questioning, the patient said she may have always had these lines in her tongue, but she wasn't certain. She had no symptoms.



4. A 2-month-old infant was brought in for a well-baby visit including vaccinations. During the screening exam, the provider noted that the infant's tongue was coated white. Initially, the white coating was suspected to be milk from a recent breastfeeding. But when a tongue blade was gently drawn over the tongue, the white exudate was mostly adherent—suggesting another explanation. The remainder of the exam was normal.

Courtesy of Richard P. Usatine, MD

ANSWERS



Diagnosis: The patient had geographic tongue (benign migratory glossitis), a recurrent, usually asymptomatic inflammatory disorder of the mucosa of the dorsum and lateral borders of the tongue. The

lesions are suggestive of a geographic map, with pink continents surrounded by white oceans, and may appear to migrate as the condition waxes and wanes. The lesions exhibit central erythema (because of atrophy of the filiform papillae) and usually are surrounded by slightly elevated, curving, white-toyellow borders.

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Diagnosis: Based on the clinical presentation, the location of the mass, and the associated growth during pregnancy, the suspected diagnosis was lingual thyroid. This rare condition results from the thyroid

failing to descend from the base of the tongue into the lower neck during early embryogenesis. In addition to history and physical exam, diagnosis of lingual thyroid can be confirmed with a radioactive iodine uptake test or a technetium scan. Biopsy is rarely necessary.

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Diagnosis: The patient had a fissured tongue. It was likely that she had these fissures since birth or early childhood. The patient's provider reassured her that the condition has no negative health consequences.

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Diagnosis: A KOH prep of the sample from the tongue blade revealed pseudohyphae and budding yeasts consistent with Candida albicans. Thus, thrush (also known as candidiasis of the oral mucosa) was diagnosed. Thrush is a common

condition in infants with normal immune systems and does not require workup for immunosuppression if this is the only finding at this age. Thrush is also seen in persons who are immunosuppressed due to various diseases (eg, HIV) or medications (eq. chemotherapy). CR

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