

# Oral Mucosa: Variations From Normalcy, Part II

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*This is the second article in a 2-part series on the variations of oral mucosa. We describe the following 5 conditions that deviate from normalcy: lateral soft palate fistulas, double lip, fissured tongue, racial gingival pigmentation, and geographic tongue.*

**Lateral Soft Palate Fistulas**—These fistulas are a few millimeters in diameter and usually appear bilaterally on the soft palate close to the anterior pillar of the fauces (Figure 1). Their rate of frequency is low, and their origin has been attributed to a developmental disorder of the second pharyngeal pouch. They also may be secondary to infectious processes or surgical treatments in the tonsillar area. These lesions are usually asymptomatic and no treatment is needed.

**Double Lip**—This malformation of the inner surface of the upper lip emerges as a horizontal pad underneath the real lip (Figure 2). It becomes more apparent when the patient smiles. Double lip can occur as part of Ascher's syndrome (double upper lip, blepharochalasis, and nontoxic thyroid enlargement). Surgical correction is undertaken for aesthetic purposes.

**Fissured Tongue**—Also known as scrotal tongue, this is a congenital alteration characterized by multiple grooves and fissures on the surface and lateral borders of the tongue (Figure 3). The variable depth of the furrows gives the tongue a scrotal aspect. Usually no symptoms are present, but retention of food debris can induce slight discomfort. It is an element of the triad of conditions associated with Melkersson-Rosenthal syndrome. No treatment is needed.<sup>1</sup>

**Racial Gingival Pigmentation**—In dark-skinned races, the presence of a black-brownish border



Figure 1. Lateral soft palate fistulas.

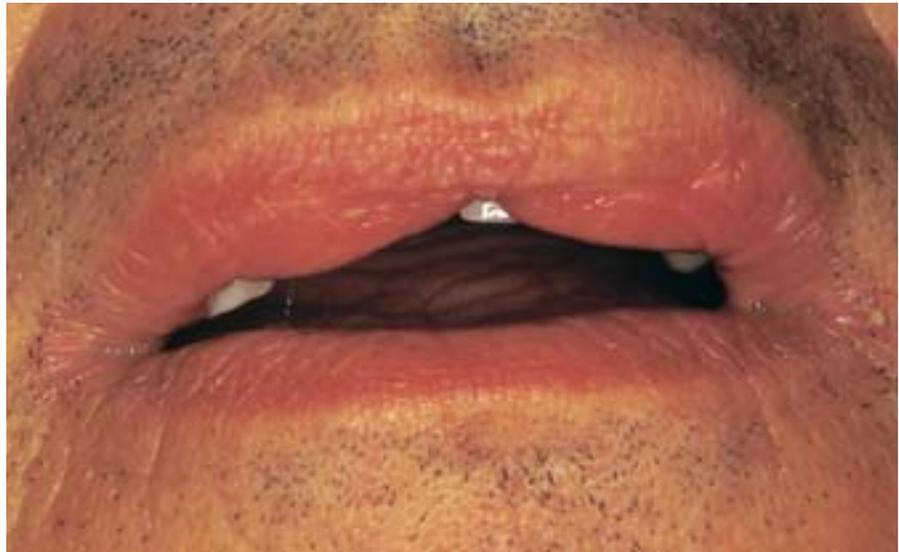
along the attached gingiva can usually be appreciated. It is more frequent in smokers. This benign change must be differentiated from pigmentation due to lead intake<sup>2</sup> (Figure 4).

**Geographic Tongue**—The main characteristic of this lesion is reddish zones on the tongue that are accompanied by loss of the filiform papillae and are rimmed by a yellowish-white prominent halo that changes its shape. This abnormality is mainly localized on the dorsum of the tongue (Figures 5 and 6);

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**Figure 2.** Double lip.



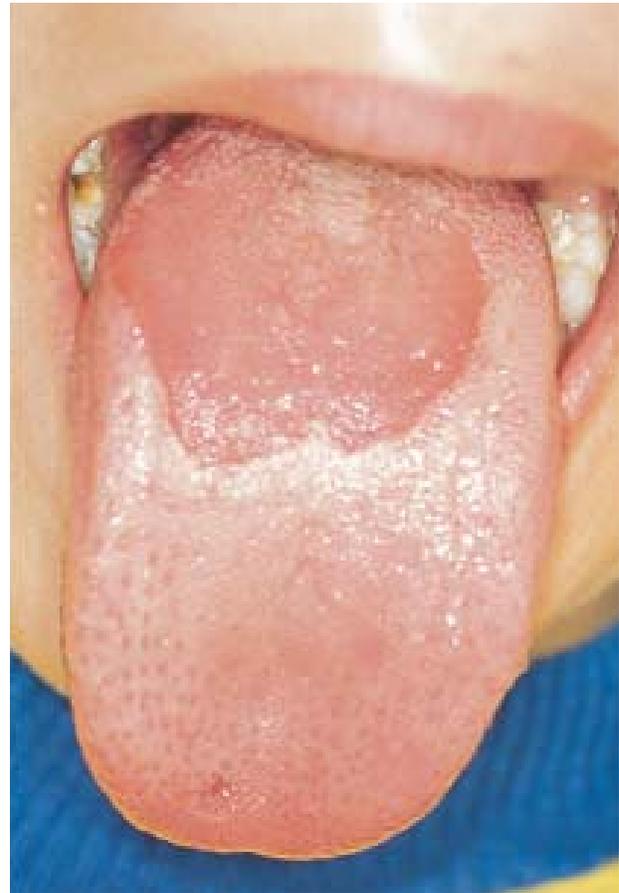
**Figure 3.** Fissured tongue.



**Figure 4.** Racial gingival pigmentation.



**Figure 5.** Geographic tongue on the ventral and lateral surfaces of the tongue.



**Figure 6.** Geographic tongue affecting the dorsum of the tongue.

however, the lips, cheek mucosa, and gingivae also can be affected. The latter situation is known as ectopic geographic tongue. Up to 2% of the population is affected by this pseudopathology, mainly those individuals who are prone to recurrent inflammatory diseases.

Results of a histopathologic examination show an irregular epithelial thickening, intercellular edema, and accumulation of polymorphonuclear leukocytes in the superficial strata. These lesions

are identical to those present in oral psoriasis and Reiter's syndrome. Symptomatic treatment is needed only in the condition's acute phases to relieve pain and allow normal intake of food.<sup>1</sup>

#### REFERENCES

1. Seoane J, Vázquez J. Melkersson-Rosenthal syndrome: report of 3 cases. *Stoma*. 1995;37:25-26.
2. Dummett CO, Barends G. Pigmentation of the oral tissues: a review of the literature. *J Periodontol*. 1967;38:369-378.