## Painful Lesions on the Tongue

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A 77-year-old man with a history of chronic obstructive pulmonary disease and recent pneumonia was treated with oral prednisone 40 mg daily, antibiotics, and a fluticasone-salmeterol inhaler. One week into treatment, the patient developed painful lesions limited to the oral cavity. Physical examination revealed many fixed, umbilicated, white-tan plaques on the lower lips, tongue, and posterior aspect of the oropharynx. The dermatology department was consulted because the lesions failed to respond to nystatin oral suspension.

## What's the diagnosis?

- a. geometric tongue
- b. herpetic glossitis
- c. lichen planus
- d. lingua plicata
- e. median rhomboid glossitis

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## The Diagnosis: Herpetic Glossitis

ral lesions of the tongue are common during primary herpetic gingivostomatitis, though most primary oral herpes simplex virus (HSV) infections occur during childhood or early adulthood. Reactivation of HSV type 1 most commonly manifests as herpes labialis. When recurrent HSV involves intraoral lesions, they are typically confined to the gingiva and palate, sparing the tongue.

Clinical presentation of herpetic glossitis varies. Recurrent herpetic glossitis has been described in immunocompromised patients, particularly those with hematologic malignancies and organ transplants.<sup>2</sup> In addition, immunocompromised and human immunodeficiency virus–infected patients may present with deep and/or broad ulcers. A case of herpes infection presenting with nodules on the tongue has been reported in Hodgkin disease.<sup>3</sup> Herpetic geometric glossitis also has been described, which is a linear, crosshatched, or sharply angled branching with painful fissuring of the tongue. Herpetic geometric glossitis has been reported to occur in both immunocompetent and immunocompromised individuals.<sup>4</sup> Tongue involvement during

oral reactivation of HSV is exceedingly rare and the pathogenesis remains elusive, though one hypothesis proposes a protective role of salivary-specific IgA and lysozyme.<sup>5</sup> Here, we report a case in which a patient developed similar lingual HSV lesions following recent immunosuppression.

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