

Ectopic Geographic Lingua

Keywords: Geographic tongue; Developmental anomalies; Ectopic

Abstract

Oral cavity has always been a victim of many developmental and acquired disorders and few of them known and few unknown. In spite of many theories proposed mystery continues. Tongue the muscular organ of oral cavity undergoes various physiologic and pathologic changes. Ectopic geographic lingua is one amongst the many changes documented.

Introduction

Geographic tongue was first described by Rayer in the year 1831. It is a benign condition that occurs in up to 3% of the general population. Lesion is asymptomatic in nature however, some patients report increased sensitivity to hot and spicy foods, etiology for which is still unclear [1-3]. In spite of many terminologies a self-explanatory name based on pathophysiology and clinical presentation "Ectopic geographic lingua" or EGL was considered, were ectopic means and abnormal place, geographic means appearance of map and lingua is a latin meaning of tongue. Here in we report a case of EGL in a female patient.

Case Report

A 21 year old female patient reported to the department with a chief complaint of deposits on her teeth. Past medical and dental history was non-contributory. Patient gave no history of deleterious habits. Extra oral examination revealed no significant changes. Intra oral examination revealed deposits on the surfaces of teeth. Dorsal aspect of the tongue revealed mapping on the surface with well demarcated areas of depapillation. Surface of the lesion is raised with evidence of migration to the tip of the tongue (Figure 1). Considering the history and clinical examination a provisional diagnosis of ectopic geographic lingua was considered. Scaling was done and oral hygiene instructions were given. Candid mouth paint application twice daily was recommended to prevent opportunistic infections.

Discussion

EGL is an inflammatory condition of the mucous membrane



Figure 1: Map like appearance on dorsal aspect of the tongue.



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of the tongue, usually seen on the dorsal surface. The etiology and pathogenesis of EGL are still poorly understood, yet psychological stress, vitamin deficiency, hormonal imbalance and other factors like smoking and tobacco use are considered to be the possible cause for this benign lesion. EGL affects males and females and is noted to be more prominent in adults than in children [1,3,4].

EGL is usually asymptomatic in nature. Asymptomatic presentation of the lesion makes treatment simpler. Reassurance to the patient should be of great importance, Psychological monitoring also plays a major role. In case of burning sensation on consumption of spicy food, as reported in few reports, topical anaesthetics should be prescribed [4,5].

Conclusion

Educating the patient is of utmost importance in treating the patients with EGL. More and more researches should be carried out by health care professionals with regular follow up so that exact etiology could be ruled out and accurate treatment can be provided. As of now Ectopic geographic lingua remains to be a harmless mystery.

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