Correspondence

Hairy Tongue

Sir,

A 32 year chronic smoker presented with blackish discolouration of posterior part of tongue for the last 6 months. Local examination revealed black coloured elongated papillae on the dorsal surface of tongue (Fig. 1). His general and physical examination was normal. Enzyme linked immunosorbent assay (ELISA) for human immunodeficiency virus was negative. The diagnosis of black hairy tongue was made. The patient was advised to quit smoking and gently brush or scrape the tongue daily.

Hairy tongue is caused by defective desquamation of the filiform papillae on dorsum of tongue that results from a variety of precipitating factors. Some of these factors include poor oral hygiene, smoking, excessive use of coffee or tea, teeth loss (because their soft diet does not allow for normal desquamation from rough food scraping the tongue), chronic or excessive use of broad spectrum antibiotics and radiation treatments to the head and neck. Filiform papillae may even lengthen up to 1 cm (normal length is 1mm). Minimally keratinized papillae which appear pinkish white often retain pigments from food, beverages, candies, and coloured mouthwashes resulting in the varying colours associated with this condition (e.g. black, brown, white, green, pink). Hairy tongue seen more commonly in males and its incidence and prevalence increases with age.1 Hairy tongue is rarely symptomatic, but patient may complain of trickling sensation in the soft palate and oropharynx during swallowing, glossopyrosis (burning tongue) due to candida overgrowth and gagging sensation in severe cases. Retention of oral debris in between papillae results in halitosis. Oral hairy tongue should be differentiated from oral hairy leukoplakia which is a white lesion caused by Epstein-Barr virus.2

Treatment consists of good oral hygiene and simply brushing the tongue with a tooth brush or using a tongue scraper to remove elongated papillae.

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