

Fissured tongue

A 43-YEAR-OLD MAN presented with a 3-week history of halitosis. He was also concerned about the irregular appearance of his tongue, which he had noticed over the past 3 years. He had no history of wearing dentures or of any skin disorder.

On examination, he had poor oral hygiene and deep fissures on his tongue (**Figure 1**). A diagnosis of fissured tongue was made, and the patient was prescribed oral chlorhexidine gargles 3 times a day for 1 week. He was reassured of the benign nature of the condition and was educated about the need for good oral hygiene.

A BROAD DIFFERENTIAL DIAGNOSIS

Fissured tongue (scrotal tongue, plicated tongue, lingua plicata) is a common normal variant of the tongue surface with a male preponderance and a reported prevalence of 10% to 20% in the general population, and the incidence increases strikingly with age.¹

The cause is not known, but familial clustering is seen, and a polygenic or autosomal dominant hereditary component is presumed.¹

The condition may be associated with removable dentures, geographic tongue, pernicious anemia, Sjögren syndrome, psoriasis, acromegaly, macroglossia, oral-facial-digital syndrome type I, Pierre Robin syndrome, Down syndrome, and Melkersson-Rosenthal syndrome.² It is usually asymptomatic, but if the fissures are deep, food may become lodged in them, resulting in tongue inflammation, burning sensation, and halitosis.¹

Typically, fissures of varying depth extending to the margin are apparent on the dorsal surface of the tongue. The condition is confined to the anterior two-thirds of the tongue, which is of ectodermal origin. Histologically, the epithelium, lamina propria, and musculature are all involved in the formation of the fissures.³ The deeper fissures may lack filiform papillae due to bacterial inflammation.³ The diagnosis is



Figure 1. The fissures, present for the past 3 years, were asymptomatic.

clinical, and treatment includes reassurance, advice on good oral hygiene, and tongue cleansing.¹

REFERENCES

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