Boffin Access
FOSTERING KNOWLEDGE

Open Access Journal | Volume: 3.6

Journal of Dentistry and Dental Medicine
ISSN 2517-7389

Benign Migratory Glossitis: A Case Report

Dione Samuel Silveira[1*]
Rubens Kaique Queiroz Farias[1]
Sandy Oliveira Simões[1]
Daniel Bastos Dos Santos Filho[1]
Stephanie Quadros Tonelli[2]

[1]Dentistry Graduation Course Academics, Brazil
[2]Master in Dentistry, Professor of the Graduation Course in Dentistry –Favenorte, Brazil

Summary

Objective: Benign migratory glossitis (BMG) is a dysfunction that is most commonly involved in the dorsum of the tongue, it is one of the most frequent pathologies of the oral cavity. In this sense, this study aimed to report a case about migratory erythema.

Case Report: A 20-year-old male patient came to the Dentitry Clinic of our institute, complaining of red plaques on the dorsum of the tongue. He mentioned that the plaques persisted for days or weeks and disappeared from one place of the tongue, reappearing in another. During the anamnesis, the patient reported no health problems or medication use. The physical examination showed normal periodontal condition and good oral hygiene. On the tongue, lesions characterized by circular or elliptical reddish erosions were found, with disappearance of the filiform papillae and maintenance of the fungiform, with well-defined and whitish edges located mainly on the back and lateral edges of the tongue. Due to its clinical and historical aspect, the BMG diagnostic hypothesis was considered. After evaluation by the academics responsible for the case, in consensus with the supervising professors, the conclusive diagnosis was defined for the mentioned condition.

Conclusion: The diagnosis of BMG is eminently established by clinical examination, since the appearance of the lesion is pathognomonic. The patient was oriented about the disease, its benign course with spontaneous disappearance, oriented about brushing techniques, use of dental floss, tongue hygiene and avoidance of very hot, acid or spicy food.

Keywords

Geographic language, Benign migratory glossitis, Circumscribed, Exfoliative glossitis, Language, Diseases, Oral Medicine

Introduction

Benign migratory glossitis (BMG), also called the geographical tongue, eruption of the tongue, areata exfoliative glossitis and migratory erythema are a dysfunction that has as its most common involvement the back of the tongue. This change is characterized by the loss of the filiform papillae which are surrounded by whitish edges on the surface of the tongue. The lesions vary in appearance and time and can range from a few hours to several days [1].

Although the etiology of BMG is unknown, some factors influence the formation of this change, such as juvenile diabetes, genetic factors, clefts in the tongue, gastrointestinal disorders related to anemia and reactive arthritis [2].

Its incidence may also be related to emotional changes (stress, anxiety), irritants (hot or spicy food), and skin allergies (atopic dermatitis). The incidence is higher in childhood and puberty, being more frequent in women than in men [3].

The diagnosis is made from the clinical history accompanied by a past history of the disease, compatible with chronic migratory and macroscopic lesions located on the surface of the dorsum of the tongue, which present changes in color, shape and size. Laboratory tests, such as complete blood count and serum biochemistry, are normal, except when the patient presents previous illness, such as diabetes mellitus. The differential diagnosis includes candidiasis, Reiter syndrome, lichen planus, leukoplakia, systemic lupus erythematosus and infection with herpes simplex virus [4].

Benign migratory glossitis, when asymptomatic, requires no treatment. Periodic follow-up to confirm the diagnosis is necessary in case of first visit and when the

Article Information

DOI:	10.31021/jddm.20203168
Article Type:	Research Article
Journal Type:	Open Access
Volume:	3 **Issue:** 6
Manuscript ID:	JDDM-3-168
Publisher:	Boffin Access Limited
Received Date:	25 May 2020
Accepted Date:	03 June 2020
Published Date:	05 June 2020

***Corresponding author:**
Dione Samuel Silveira
José Alves Miranda, 500 – Alto São João
Mato Verde-MG, 39527-000
Tel: (38)3813-1007
E-mail: 998327957dss@gmail.com

Citation: Silveira DS, Farias RQ, Simões SO, Filho DB, Tonelli SQ. Surgical Benign Migratory Glossitis: A Case Report. J Dents Dent Med. 2020 May;3(6):168.

historyis not clear. It is essential to reassure the patient about the benign and self-limiting nature of the lesion [2]. Symptomatic individuals are commonly treated with topical anesthetics and corticosteroids, whose side effects are negligible compared to systemic drugs [5]. In this sense, the objective of this work is to report a case about migratory erythema.

Case Report

This study received approval from the local institutional review board and Research Project entitled "Oral Conditions of the Population in the City of Mato Verde, MG: epidemiological survey and importance of socioeconomic factors", approved by the Research Ethics Committee under opinion number 2, 536, 216. This clinical case was conducted in accordance with the recommendations of the National Health Council Resolution 466/2012, and the signature of the informed consent form (TCLE) and the authorization form for publication were previously collected.

A Brazilian male patient, pheoderm, 21 years old, reported to the dentistry clinic of our institute, complaining about complaining of red plaques on the back of the tongue. He mentioned that when plaques appear, they persist for days or weeks, disappear from one place of the tongue and reappear in another. The patient also reported that these lesions have symptoms such as burning and irritation when eating citrus products and that they disappear spontaneously. During the anamnesis, the patient reported not to have any systemic changes or to use medications (Figure 1 and 2).

At extraoral examination, no changes in the cervical lymph nodes were identified, nor were there any facial asymmetries or signs of temporomandibular dysfunction. The intraoral clinical examination showed normal periodontal condition and good oral hygiene. On the tongue, lesions characterized by circular or elliptical reddish erosions were found, with consequent disappearance of the filiform papillae and maintenance of fungiform (Figure 1). Well-defined, whitish and slightly protruding edges can be observed, located mainly on the back and lateral edges of the tongue (Figure 2). After evaluation by the academics responsible for the case, in consensus with the supervising professors of the clinic, the diagnosis was defined by its clinical aspect, of BMG.

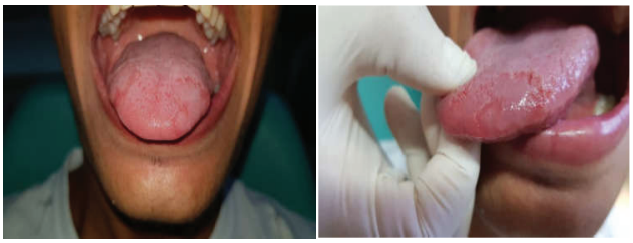

Figure 1: Clinical aspect of the lesion on the dorsum of the tongue, characteristic of benign migratory glossitis

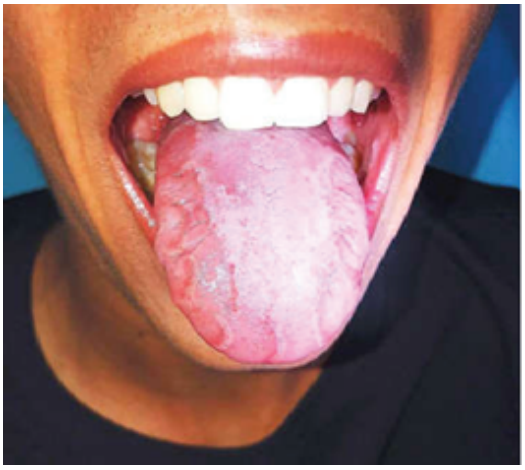

Figure 2: Areas of well-defined papillary atrophy on the lateral edges of the tongue

The patient was advised about the disease, its benign course with spontaneous disappearance and the need for no interventions. The patient was also instructed in brushing techniques, dental flossing and tongue hygiene, and it was also recommended to avoid eating very hot, acid or spicy food.

Discussion

BMG or geographical language is a benign inflammatory disease of the tongue, which presents a variable and recurrent course, with spontaneous cure [4]. This type of injury is characterized by a period of irritation and remission, during which the lesions heal without residual scar development. When the lesions return, they tend to appear in new locations and in different shapes, single or multiple, thus producing the migratory effect [2].

In order to detect anomalies such as BMG, knowledge of the morphology of the language is necessary. This type of lesion can have variations in time and presents a chronic and acute inflammatory condition [1]. This condition of ten presents no symptoms, but some patients may present burning symptoms, tenderness and pain, especially when eating citrus, spicy or hot food [6].

Several sources of information contribute to the evaluation of the patient. The frequency and location of the lesions, as well as the age and gender of the patient are data that contribute to the diagnosis [7]. The lesion clinical pattern is extremely suggestive, and situations where other diagnostic procedures are necessary are rare, such as incisional biopsies [5]. The diagnosis is usually clinical and based on the characteristic history of migration, the characteristics of the lesion, the circled aspect and the lack or presence of significant pain as opposed to burning as a subjective complaint [8].

Some researchers suggest that BMG occurs most frequently in patients with psoriasis (including pustular psoriasis) or atopic dermatitis and in individuals with cracked tongues. Researchers have also indicated association of BMG with hormonal disorders, allergies, Down syndrome, nutrition al deficiencies and even a genetic predisposition [6]. Although most patients are asymptomatic, they commonly develop severe anxiety and fear of cancer. The disease is characterized by a period of irritation and remission, during which the lesions heal without residual scar development [1].

In the treatment of symptomatic patients, some authors state that the use of topical corticoids, oral creams with anesthetic is indicated for a better result [9]. According to [5] as an example of topical medications used for the treatment of symptomatic lesions, one can cite betamethasone elixir, clobetasol propionate and triamcinolone acetonide. Topical immunosuppressants can also optionally be used, such as tacrolimus. In the present case, because the patient is asymptomatic, no palliative medication has been prescribed.

The methods of treatment are disapproved and there is a need for stress control [10]. Only in some cases can local measures be used. Most authors assure that avoiding hot and spicy foods in areas sensitive to injury decreases the sensation of burning, burning or sensitivity of the patient conferring a better lifestyle in the treatment.

The case reported, the patient presented lesions located mainly on the back and lateral edges of the tongue, recurrent and spontaneous healing, consistent with the literature in all aspects.

The diagnosis was made only with clinical examination, based on the characteristics of the lesion, migration and absence of significant pain, with no need for histopathological examination. The patient was oriented on BMG and all the orientations and recommendations for its control and prevention of remission were passed on to the patient.

Concluding Remarks

BMG is a benign, chronic and recurrent disease associated with genetic, hereditary and environmental factors. It usually disappears from one place on the tongue and reappears in another until it disappears spontaneously, and usually does not require treatment. It is essential that the dentist has knowledge and mastery of oral alterations and is prepared to diagnose such alterations in advance and consequently obtain success in his clinical conduct.

References

1. de Queiroz Carvalho FV,Trigueiro M, Mangueira DB.Benign migratory glossitis or geographic language: a clinical case report [Glossite migratória benigna ou língua geográfica: relato de caso clínico]. Int J Dent. 2010 Jul;9(3):165-168.
2. da Silva SOARES-SANTOS K, de Lima Monezi L, Caldas Ls. Benign Migratory Glossitis In Odontopediatric Pacient: Case Report [Glossite Migratória Benigna Em Paciente Paiátrico: Relato De Caso]. Revista Odontológica de Araçatuba. 2018 Dec;39(3)39-42.
3. Peixoto BC, do Carmo Guimarães AC, Costa TA, Freire MR. Glossite Migratória Benigna: Revisão Da Literatura. Revista Educação e Saúde: fundamentos e desafios. 2018 Mar;1(2)106-120.
4. Errante PR,Rodrigues FM,Ferraz RN. Benign Migratory Glossitis: Case Report [Glossite migratória benigna: relato de caso]. Science in Health. 2016 Jan;7(1):7-10.
5. Ribeiro TE, Santana DB, Henriques JG, de Paulo LB, de Rezende Barbosa GL, et al. Migratory Erythema: Literary Reeview and Case Reports [Eritema Migratório: Revisão De Literatura e Relatos De Casos]. Arquivo Brasileiro de Odontologia. 2017 May; 12(1):9-16.
6. Pilz C. et al. Geographic Language. Manual of Specialties in Oral Health. Brasília: Ministry of Health, 2008.
7. Volkweis MR, Roberta G, Pacheco CA. Retrospective study on oral lesions in the population attended at a Center of Dental Specialties. RGO. 2019 Nov;58(1):21-25.
8. Peixoto PC, Guimarães AC, Costa TA, Freire MR. Benign Migratory Glossitis: Literature Review [Glossite Migratória Benigna: Revisão Da Literatura]. Revista Educação e Saúde: fundamentos e desafios. 2018 Mar;1(2)106-120.
9. Regezi JA. Sciubba JJ, Jordan RCK. Oral Pathology: Clinicopathological correlations. 5 ed. Rio de Janeiro: Elsevier, 2008.
10. Assimakopoulos D, Patrikakos G, Fotika C, Elisaf M. Benign migratory glossitis or geographic tongue: an enigmatic oral lesion. Am J Med. 2002 Dec;113(9):751-755,