The Gruesome Grooves: Fissured Tongue – A Case Report

Navami Ashok¹, Dr. Geon Pauly²*

¹Postgraduate Student, Department of Public Health Dentistry, Vydehi Institute of Dental Sciences and Research Centre, Bangalore, Karnataka.

²Consultant Maxillofacial Radiologist, Snaap – Oral Diagnosis and Radiology Centre, Thrissur, Kerala.

*Corresponding Author: Dr. Geon Pauly, Consultant Maxillofacial Radiologist, Snaap – Oral Diagnosis and Radiology Centre, Thrissur, Kerala, India. Email: geonpauly@gmail.com

Abstract: The tongue plays an important role in speech, taste and deglutition. Any disease of the tongue makes the intake of food difficult thereby depriving the individual of adequate essential nutrients. Fissured tongue is a commonly encountered tongue disorder in dental practice. But, a lack of knowledge amongst the dental practitioners on its appearance, different patterns, severity, and association of fissuring with various systemic disorders and other tongue anomalies is an area usually neglected or ignored, thus a problem looming at large. Thus, it is essentially important and the need of the hour that every dentist should be made well aware of such underrated pathologies and its possible implications.

Keywords: Tongue Diseases, Fissured Tongue, Oral Hygiene.

1. INTRODUCTION

A fissured tongue is a malformation characterized by furrows or grooves on the dorsum of the tongue. It is generally painless, but accumulation of food debris and the resultant irritation might cause pain. [1] Fissured tongue is an inherited disorder manifested with grooves that can vary in size and depth. A definite aetiology does not exist, but a polygenic mode of inheritance is postulated. [2]

2. CASE REPORT

A 35-year-old medically fit male patient reported to our department with a complain of stains and food deposit inside the mouth with associated halitosis and an occasional complain of mild burning sensation on tongue while consuming spicy food or hot beverages. The history of burning dated back to at least one year prior to date. Patient gave history of tobacco chewing and smoking since ten years. Intra oral examination revealed generalized moderate amount of stains and calculus deposits on teeth, tongue appeared to have deep multiple grooves measuring about 1-2 cm, a few on the dorsal surface and predominantly on the right and left lateral borders of the tongue giving a diffuse pattern [Figure 1].

3. DISCUSSION

Fissured tongue is a common variant of the tongue that has numerous grooves or fissures on the dorsum of the tongue. Males are more commonly affected as seen in our case. The condition may be seen at any age, but generally affects older people more frequently. [3]

The aetiology is largely unknown but studies have shown that hereditary plays a significant role. Aging and local environmental factors may also contribute to its development. Fissured tongue may present as an independent
manifestation or associated with certain underlying syndromes or familial conditions. Conditions associated with fissured tongue include Melkersson-Rosenthal syndrome, Down syndrome, Acromegaly, Sjogren’s syndrome, Oro-facial granulomatosis, Psoriasis and Geographic tongue. [4]

Kullaa-Mikkonen had categorized fissured tongue into two types – (i) Fissure tongue with normal filiform papillae. (ii) Fissure tongue syndrome; where fissures are associated with geographical tongue. [5] Our case was of the first type. Literature also delineates that in a type called the severe diffuse form, there are numerous fissures which cover the entire dorsum of the tongue, dividing the tongue papillae into multiple separate lobules which concurred to our case. [6]

Burning sensation on the tongue may probably correlate with the systemic factors and poor oral hygiene. Local factors implicated in the aetiology are ill fitting prosthesis, infection, parafunctional habits, allergic reaction, xerostomia and galvanism, and so forth [7]. Systemic factors concerned with burning sensation include medication, anaemia, oesophageal reflux, deficiency of vitamin B complex, zinc, iron, oesophageal reflux, and psychological factors. [7, 8]

As far as treatment is concerned, specific treatment is usually not indicated. However, in patients suffering with a severe symptomatic form, the first goal of management should be to discover the cause of irritation and to take local measures to resolve the clinical manifestations must be attempted. The patient should be encouraged to maintain oral hygiene and incorporate a balanced diet. [9]

4. CONCLUSION

Fissured tongue is one of those pathologies which is predominantly ignored, frequently misdiagnosed and eventually over-treated. Thus, a thorough knowledge can help a long way in timely diagnosis and advocating the required treatment regimen.

REFERENCES


