

Visual Treats in Dermatology

Benign migratory glossitis

Arunachalam Narayanan¹, Devinder Mohan Thappa¹

¹Department of Dermatology and STD, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.



***Corresponding author:**

Arunachalam Narayanan,
 Department of Dermatology
 and STD, Jawaharlal Institute
 of Postgraduate Medical
 Education and Research,
 Puducherry, India.

narayanan359@gmail.com

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A 30-year-old man presented to our clinic with asymptomatic, well-demarcated areas of atrophy and erythema over the tongue surrounded by whitish, serpiginous borders. The lesions began as small patches and gradually increased in size. The patient didn't notice any change in the shape or size of the lesion. The patient didn't have any comorbidities or signs of nutritional deficiency. On oral examination, multiple, flat, well-defined, map-like, erythematous areas of atrophy with scalloped whitish margin were seen over the dorsum [Figure 1a] and lateral borders [Figure 1b] of the tongue. A diagnosis of benign migratory glossitis was made based on the clinical history and examination findings. Geographic tongue or benign migratory glossitis affects 1–3% of the population. It is a benign entity caused due to atrophy of filiform papillae.^[1] Though the condition is usually asymptomatic, few patients may experience sensitivity to spicy food. The incidence of geographic tongue is increased in patients with psoriasis, atopy, and fissured tongue. The condition doesn't require any treatment.



Figure 1: Multiple, flat, well-defined, map-like, erythematous areas of atrophy with a scalloped whitish margin over the (a) dorsum and (b) lateral borders of the tongue.

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Declaration of patient consent

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Conflict of interest

Author Devinder Mohan Thappa is the Editor-In-Chief of the journal.

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