

Black hairy tongue: should we worry?

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Letter to editor

Black hairy tongue (BHT), also known as lingua villosa nigra, is a rare but benign and painless condition. Its clinical expression is like a blackish carpet of the dorsal surface of the tongue (Figure 1), usually in the posterior two-thirds anterior to the circumvallate papillae.¹ Usually it does not affect the tip or the sides of the tongue, and it represents a particular form of a wider condition called hairy tongue, for which other colorations have been described (brown, yellow, and green).² It is more common in adult patients but it has been described in pediatric patients.³ BHT is usually asymptomatic and its principal associated problem is of aesthetic order. Sometimes patients may complain of nausea, halitosis, altered taste, tickling of the tongue.⁴

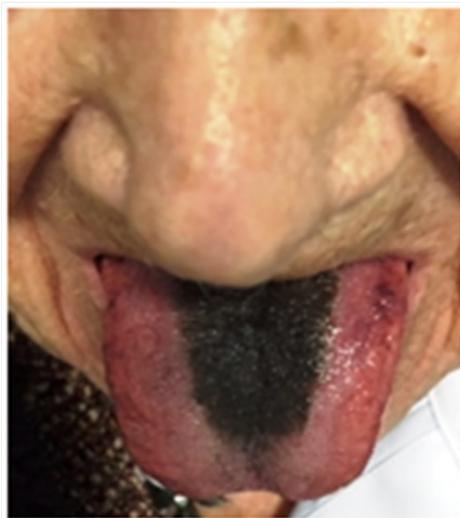


Figure 1 Typical Black Hairy Tongue in an elderly patient.

Male sex, older age, poor oral hygiene, xerostomia, oxidizing mouthwashes, excessive black tea or coffee consumption, smoking or chewing tobacco, excessive alcohol intake, poor feeding, oral infections, status after a radiation therapy to the head and neck region, trigeminal neuralgia and drugs like steroids, antipsychotics, interferon⁵, antibiotics as tetracycline and linezolid,³ are the predisposing factors for developing BHT. In these cases exists a lack of normal desquamation with accumulation of the keratin on the filiform papillae of the tongue with its hypertrophy and elongation.⁶

Although the exact mechanism underlying oral hyperpigmentation is still unknown, it has postulated that increased local melanin production in patients treated with interferon.⁵ Dietary consumption of herbal tea and sugars may lead to lowering pH on the dorsum of the tongue promoting chromogenic bacterial or yeast overgrowth.⁴

The main differential diagnosis of BHT consists of some forms of acanthosis nigricans (which usually involves the lips), hairy oral leukoplakia (white lesions), Addison disease, Peutz-Jeghers syndrome, malignant melanoma, and black staining over normal tongue (bismuth, iron, food colorings).⁷

The first therapeutic action in BHT consists of eradicating predisposing factors. Infection associated black hairy tongue should be treated with antifungal⁶ or oral antibiotic¹ based on microbiological results. Besides, therapy should include recommendations for meticulous oral hygiene. Mechanical removal of the hyperkeratotic papillae, by brushing or scraping with a soft toothbrush or tongue scraper, several times a day, can be very effective. Some medications such as retinoids, topical 30% urea solution and keratolytic agents can be efficiently used to treat BHT.⁴

BHT is a benign and self-limiting disorder with an excellent prognosis and requires appropriate prevention, recognition and treatment.⁴

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Conflicts of interest

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