Lengua negra vellosa multifactorial

Multifactorial black hairy tongue

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A 51-year-old man reports black tongue and gingival bleeding with a 4-week evolution. His relevant medical history includes seronegative rheumatoid arthritis, arterial hypertension, smoking, alcoholism, metabolic dysfunction and alcohol-related liver disease, arterial peripheral disease, sensitive peripheral polyneuropathy and hypercholesterolemia. It is important to highlight the patient's precarious socioeconomic situation.

Chronic medications include methotrexate, low-dose prednisolone, hydroxychloroquine, pantoprazole, amlodipine, candesartan, sulfasalazine, and folic acid. Physical examination revealed black pigmentation of filiform papillae on the dorsum of his tongue compatible with black hairy tongue (BHT) (Figure 1) and signs of poor dental hygiene. Laboratory studies highlighted a vitamin C deficiency (2.63 mg/L | N=4-20 mg/L). After vitamin C supplementation, patient education to stop smoking and alcohol consumption, and improvement in oral hygiene, there was a complete resolution of BHT.

BHT is a benign and usually asymptomatic condition[1,2]. It presents with black discoloration on the dorsum of the tongue with a hairy appearance. Other colours such as yellowish or greenish may appear[1,2]. BHT is associated with smoking, alcoholism, poor oral hygiene, some medications, xerostomia, and certain diseases such as cancer or human immunodeficiency virus infection[1,2]. The differential diagnosis includes pseudo-BHT, acanthosis nigricans, hairy leucoplakia, congenital nevi, and pigmented fungiform papillae of the tongue[1,2]. Typically, BHT has a good and self-limiting prognosis by eliminating or minimizing the present risk factors.[1,2]

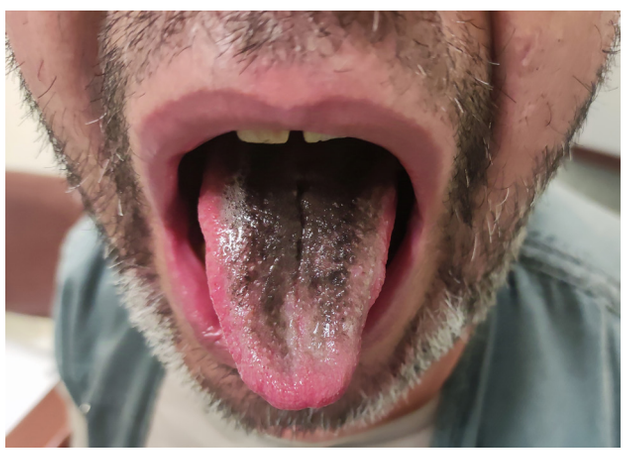

Figure 1.

CONFLICT OF INTEREST
The authors declare no conflict of interests for this article.

ETHICAL CONSIDERATIONS
The authors conducted their research in compliance with the Declaration of Helsinki, the standards of good clinical practice, and applicable current legislation.

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