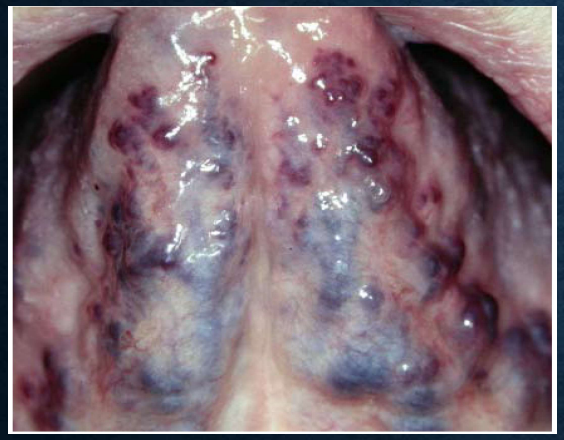
DEVELOPMENTAL DISTURBANCES

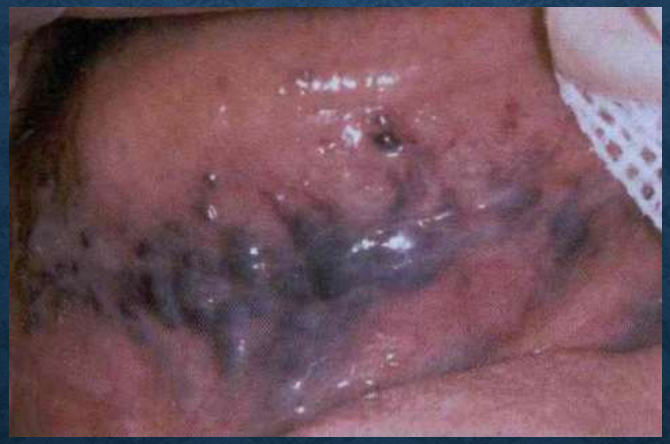
Dr Manasi kale

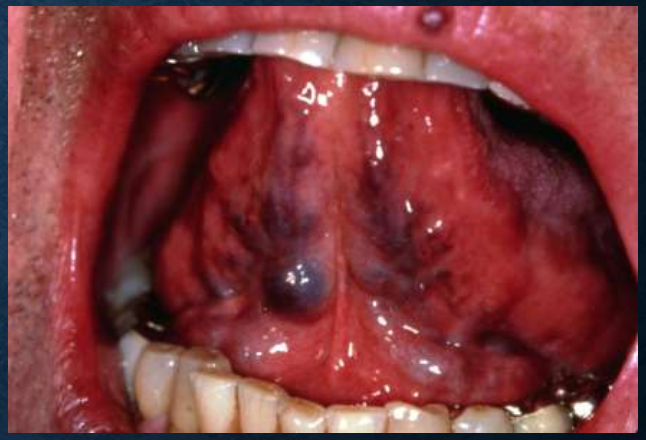
LINGUAL VARICOSITIES

- red or purple clusters of vessels on the ventral surface and lateral borders of the tongue as well as in the floor of the mouth.
- represent an aging process
- 68% of people over 60 years of age have sublingual varices

LINGUAL VARICOSITIES





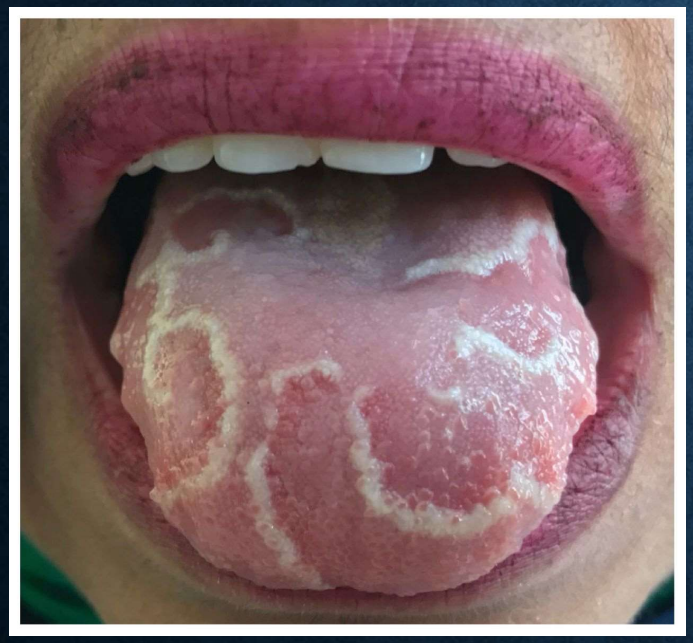


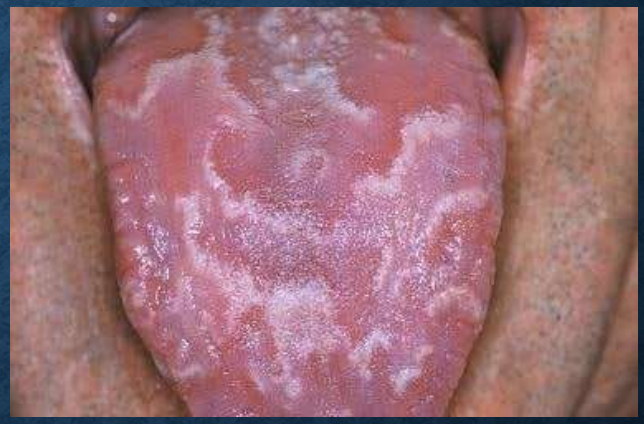
BENIGN MIGRATORY GLOSSITIS (GEOGRAPHIC TONGUE)

- psoriasiform mucositis of the dorsum of the tongue.
- constantly changing pattern of serpiginous white lines surrounding areas of smooth, depapillated mucosa.
- The changing appearance has led some to call this the wandering rash of the tongue,
- depapillated areas similar to continental outlines on a globe, hence the use of the popular term geographic tongue

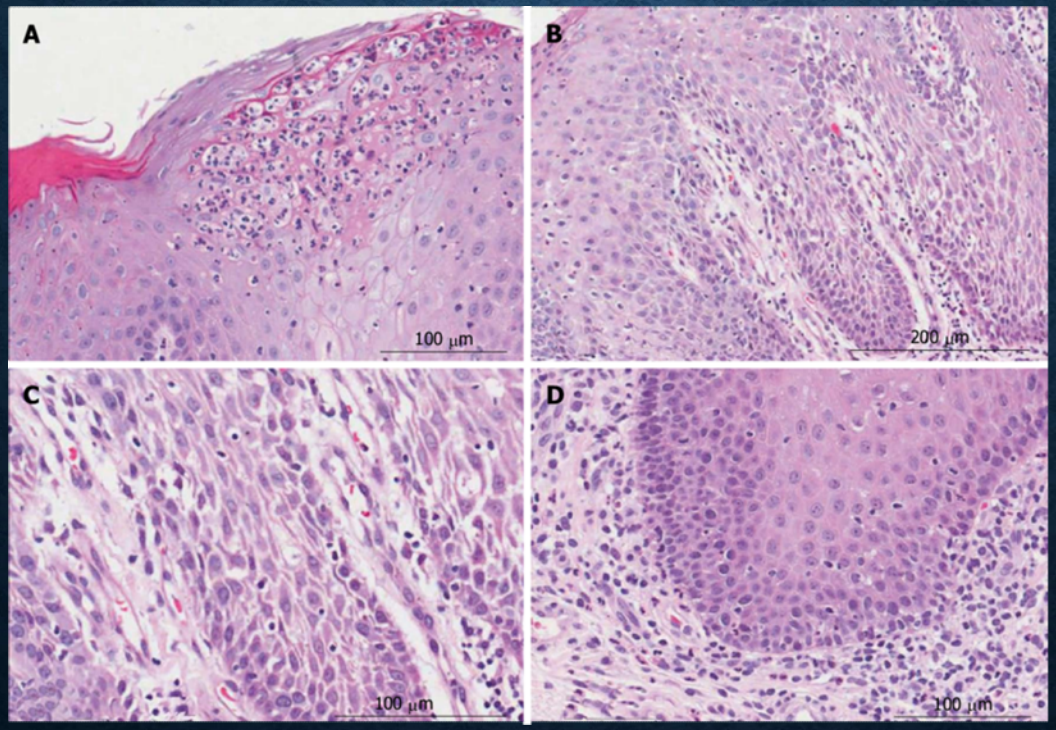
- seem to become more prominent during conditions of psychological stress
- found with increased frequency (10%) in persons with psoriasis of the skin.
- 1–2% of the population are affected, although most cases are so mild that they are never formally diagnosed.

BENIGN MIGRATORY GLOSSITIS (GEOGRAPHIC TONGUE)





- Histologic Features: All of the microscopic features of psoriasis are present in benign migratory glossitis
- small microabscesses, called Monro's abscesses, in the keratin and spinous layers.
- Rete ridges are typically thin and considerably elongated



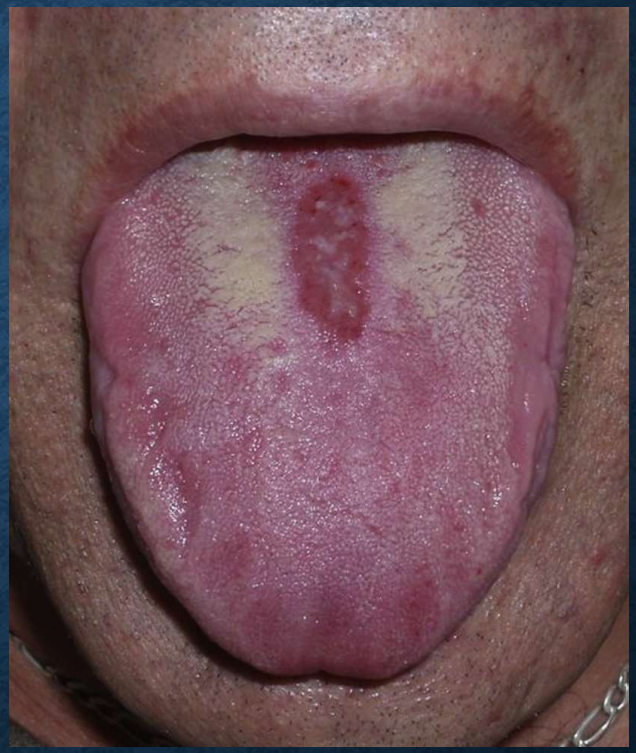
TREATMENT AND PROGNOSIS

- No treatment is usually necessary for benign migratory glossitis and stomatitis.
- Symptomatic lesions can be treated with topical prednisolone and a topical or systemic antifungal medication can be tried if a secondary candidiasis is suspected.

MEDIAN RHOMBOID GLOSSITIS

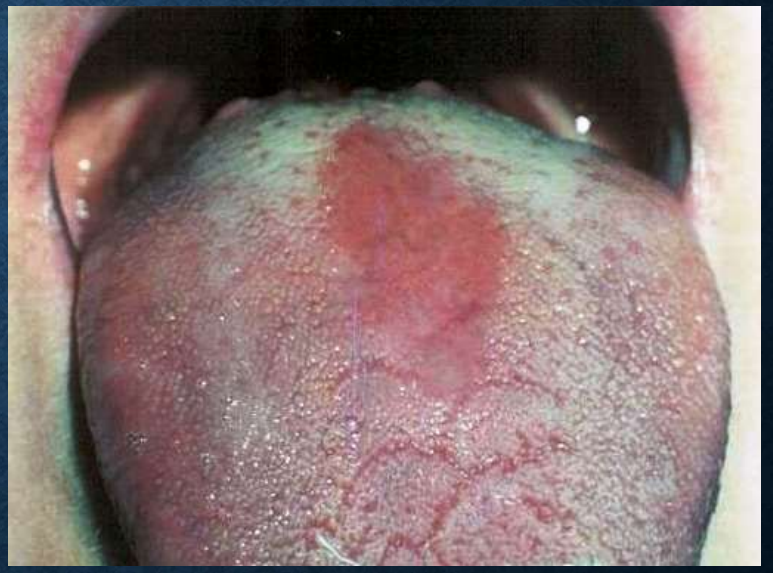
- Embryologically the tongue is formed by two lateral processes (lingual tubercles) meeting in the midline and fusing above a central structure from the first and second branchial arches, the tuberculum impar.
- The posterior dorsal point of fusion is occasionally defective, leaving a rhomboid-shaped, smooth erythematous mucosa lacking in papillae or taste buds.

- This median rhomboid glossitis (central papillary atrophy, posterior lingual papillary atrophy) is a focal area of susceptibility to recurring or chronic atrophic candidiasis, prompting a recent shift towards the use of posterior midline atrophic candidiasis as a more appropriate diagnostic term.



CLINICAL FEATURES

- presents in the posterior midline of the dorsum of the tongue, just anterior to the V-shaped grouping of the circumvallate papillae
- 3 : 1 male predilection.
- Most cases are not diagnosed until the middle age of the affected patient, but the entity is present in childhood.



- Infected cases may also demonstrate a midline soft palate erythema in the area of routine contact with the underlying tongue involvement; this is commonly referred to as a kissing lesion

Fig. 1 Sharply demarcated, slightly elevated, red, depapillated, rhomboid lesion

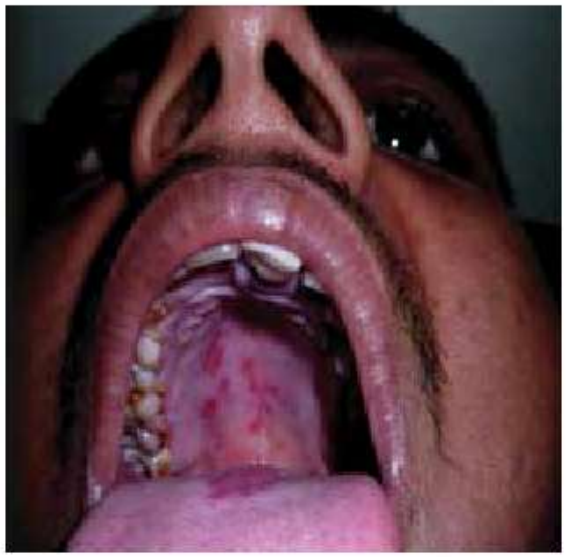


Fig. 2: Erythmatous lesions over the posterior part of the hard palate.

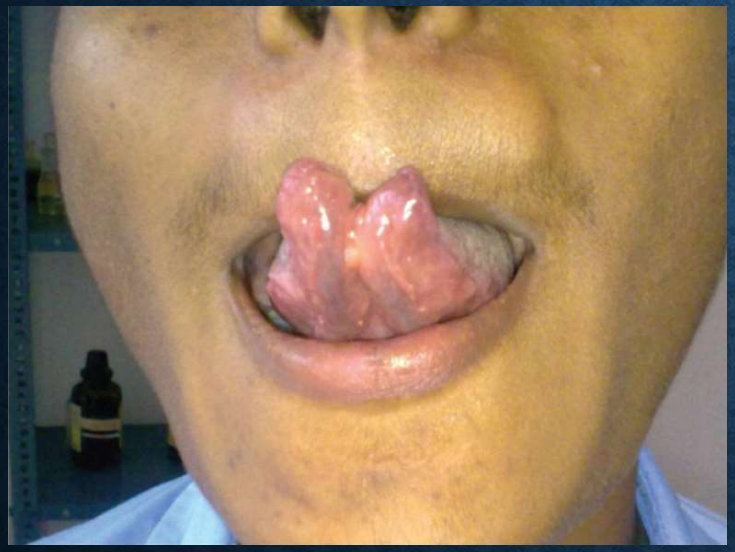
TREATMENT AND PROGNOSIS

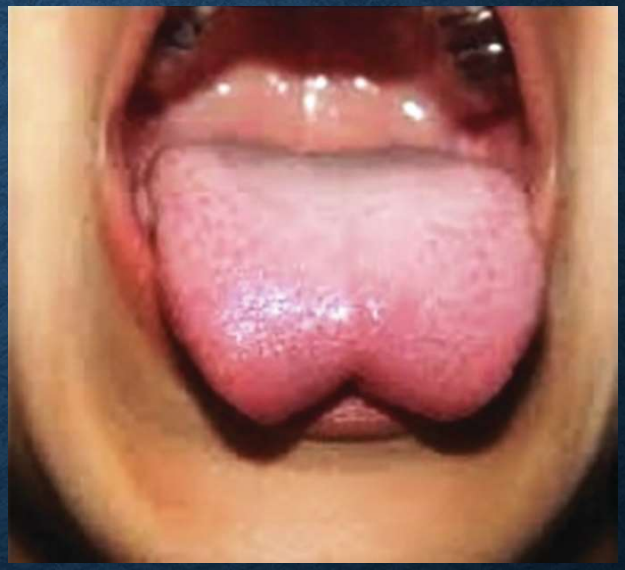
- No treatment is necessary for median rhomboid glossitis, but nodular cases are often removed for microscopic evaluation
- Antifungal therapy (topical troches or systemic medication) will reduce clinical erythema and inflammation due to candida infection.
- Recurrence after removal is rare

CLEFT TONGUE/BIFID TONGUE

- lack of merging of the lateral lingual swellings
- Complete cleft tongue is very rare
- partially cleft tongue is considerably more common and is manifested simply as a deep groove in the midline of the dorsal surface
- The partial cleft results because of incomplete merging and failure of groove obliteration by underlying mesenchymal proliferation
- It is of little clinical significance except that food debris and microorganisms may collect in the base of the cleft and cause irritation.

CLEFT TONGUE/BIFID TONGUE





TREATMENT

- Not needed
- Need to maintain oral hygiene to prevent infections


ANY
QUESTIONS
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THANK YOU