Case Report

Hairy Tongue (Linguavillosa Nigra): A Case Report
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Abstract
Hairy tongue or black tongue is a benign condition characterized by hypertrophy of the filiform papillae that give the dorsum of the tongue a furry appearance. The color of the elongated papillae varies from yellowish white to brown. This paper reports a black hairy tongue in a 5 year old child.

Key Words: Hairy Tongue; Linguavillosa Nigra

Introduction
Black hairy tongue, also known as Linguavillosa Nigra, is a painless, benign disorder caused by defective desquamation and reactive hypertrophy of the filiform papillae of the tongue. The hairy appearance is due to elongation of keratinized filiform papillae, which may have different colors, varying from white to yellowish brown to black depending on extrinsic factors (eg, tobacco, coffee, tea, food) and intrinsic factors (ie, chromogenic organisms in normal flora). (1, 2)

Hairy tongue, was first described by Lusitanus in 1557. (3, 4) It is also known as lingua villosa nigra, hyperkeratosis of the tongue, nigrities linguae, keratomycosis linguae, and melanotrichia linguae. (1, 4) The etiology of this condition is unknown and the common predisposing factors were the side effects of certain drugs i.e., a broad-spectrum antibiotic such as erythromycin or use of the antipsychotic drug olanzapine etc. This paper reports a black hairy tongue in a 5 year old child.

Case Report
A 5 year old male child patient was reported to the Department of Pedodontics and Preventive dentistry with a chief complaint bad breath. The medical history was noncontributory. Intraoral examination shows poor oral hygiene with generalized stains on the teeth and a black coloration of the tongue that appears as an elongation of the filiform papillae on the dorsal surface, with no other abnormalities (Figure 1). The physical examination was otherwise normal. The diagnosis is based on filiform papillae that are elongated more than 3 mm on the dorsal surface of the tongue. Culture of the dorsal surface of the tongue shows no bacterial or fungal overgrowth. Oral prophylaxis was done and stains and calculus were removed. A simple treatment consisting of brushing the tongue daily with a soft toothbrush was advised for the management of hairy tongue. Child and parents were educated on correct oral hygiene and the fact that black hairy tongue is completely harmless.

Discussion
Black hairy tongue is characterized by an abnormal coating of the dorsal surface of the tongue. (5) Although the cause is unknown, several precipitating factors may be implicated in the pathogenesis of this disorder, including the administration of topical or systemic antibiotics, poor oral hygiene, smoking, alcohol and the use of mouth washes. (6) Often there are no symptoms other than the aesthetic or anxiety over its etiology. Some patients complain of gagging, nausea, alteration of taste or halitosis. (1) Hairy tongue is a benign condition of the tongue which affects both sexes but more often males than females. The prevalence is about 0.5% of the population (4) but varies widely from 8.3% in children and young adults to 57% in drug addicts and prisoners. (7)

Hairy tongue is localized on the anterior two thirds of the dorsal tongue rarely; black hairy tongue can be unilateral. (7)

The prognosis of hairy tongue is excellent. The precipitating factors (mainly smoking and coffee) have to be suppressed. The patient will have to improve their oral hygiene with a soft tooth brush which is enhanced by the prior application of a 40% solution of urea, scraping, topical triamcinolone acetonide, gentian violet, thymol, salicylic acid, vitamin B complex, and surgical excision of the papillae. (5, 6) or topical application of solution of 0.1% tretinoin can be applied daily and rinsed after five minutes. (6)
In the cases where there is an overgrowth of candida albica, oral and topical anti-candidiasis treatments are ineffective towards the hairy tongue if not associated with brushing of the tongue. The only indication of such treatment is when overgrowth of candida albica is responsible of a glossopyrosis. In rare cases, surgical removal of the papillae scissors, electrodesiccation, carbon dioxide laser) may need to be performed.(2, 5, 7) In our case the child and parents were motivated to improve the oral hygiene and the outcome was successful.

**Conclusion**

In conclusion, even though there were no symptoms other than the aesthetic or anxiety over its etiology, the black hairy tongue should be managed with patient education and proper oral hygiene instructions to improve the patients overall well-being.

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