

Ectopic Presentation of Erythema Migrans

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Abstract

Geographic tongue is one of the most common harmless benign lesion which can occur at any age in both gender. Even though the name implies that the lesion is inherent to tongue, ectopic presentation is not uncommon. This case report is an example of such an uncommon presentation with a strong familial history.

Key words: Ectopic Presentation, Geographic tongue, Candidiasis

INTRODUCTION

A process similar to geographic tongue occurring in other areas of the oral mucosa is called “ectopic geographic tongue.” This was first described by Cooke under the name “erythema migrans.”^[1] In the literature, several other names are also in use for this condition, such as geographic stomatitis, stomatitis areata migrans, erythema migrans, and migratory stomatitis.^[2]

The clinical presentation of geographic tongue varies from mild irritation to severe burning sensation. Key features include a well-demarcated area of erythema, within the area loss of the filiform papillae and atrophy of the overlying mucosa. Surrounding this area of erythema is a well-defined, hyperkeratotic, yellow-white border with an irregular serpiginous outline.^[3]

CASE REPORT

A 52-year-old female patient reported with burning sensation on the tongue since long time. The patient's siblings, as well as their children, do have the same

complaint. The burning sensation aggravated recently from past 3 months and the intensity increases on having hot and spicy food. Patient has not undergone any treatment for the same.

On intraoral examination, roughly ovoid multiple erythematous lesions were noted on the tongue (dorsal surface), along the right and left lateral borders with whitish circinate borders with irregular margins surrounded by erythematous halo. Area of depapillation with loss of filiform papilla is seen in Figure 1. On the ventral surface and floor of the mouth, red atrophic lesions with whitish borders are seen in Figure 2. Lesions did not show any visible discharge. Fissuring of the tongue was also seen.



Figure 1: Dorsal surface of the tongue showing areas of depapillation

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Figure 2: Ventral surface showing depapillation with circinate borders

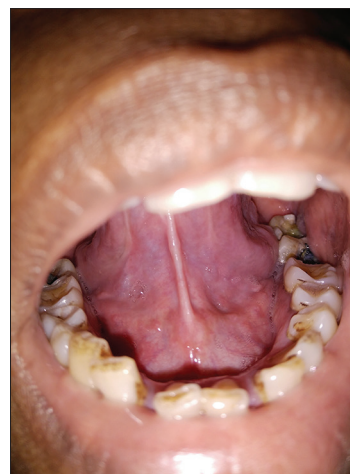


Figure 4: Post-operative ventral surface of the tongue



Figure 3: Ectopic presentation of erythema migrans

An ectopic presentation of the same lesion was noted on the left buccal vestibular mucosa in relation to 34, 35, and 36 as an annular erythematous areas measuring of about 1 cm × 0.5cm (Figure 3).

All the lesions presented were non-tender and non-scrapable.

The case was diagnosed as benign migratory glossitis and its ectopic presentation on the left buccal vestibule. Now management was designed to eliminate all possible causes of this disease one by one. Clotrimazole 1% topical application was advised and a 2 weeks review showed a complete regression of the lesions including its ectopic presentation (Figures 4 and 5).

- It is a natural tendency to associate the name of the



Figure 5: Completely healed ectopic area

disease to its clinical features, but this case would be a perfect example to contrary it where with the name of glossitis would strongly associate it to the presentation only on tongue.

- The condition such as candidiasis, psoriasis, fissured tongue, emotional stress, atrophy, Reller's syndrome, and HLA_Cw6 has to be strongly linked with geographic tongue and investigated.^[3]

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