Transient Lingual Papillitis: Case Reports



JOHN L. GIUNTA, BS, DMD, MS

Dr. Giunta is professor emeritus of oral pathology at Tufts University School of Dental Medicine and adjunct professor of pathology at Forsyth School of Dental Hygiene at Massachusetts College of Pharmacy and Health Sciences in Boston.

he term transient lingual papillitis (TLP) was suggested by Whitaker et al. in 1996.¹ It describes a condition of the tongue that is relatively common but with few documented cases. It is seen more in young women as a painful enlargement of one or more fungiform papillae that resolve quickly within a day or several days. Trauma may be a likely cause but the exact cause is elusive. The following brief reports are presented to augment the clinical documentation of this condition.

Case Report 1

A 15-year-old white female presented, complaining of a painful lesion on her tongue that had arisen suddenly. There was no recollection of trauma. Her history was within normal limits except for her taking a daily laxative medication for an intestinal problem. She has had recurrent aphthous stomatitis and bouts of oral candidiasis a few times in the past. She also wore an orthodontic retainer on an overnight basis. On a 10-point pain scale, with "10" being the worst, the patient said the pain level was a "3." Examination revealed a 2 x 3 mm yellowish papule on the left lateral posterior border of the tongue anterior to the foliate papillae (see Figure 1). A preliminary diagnosis of transient lingual papillitis was made. The lesion resolved in two days. The final diagnosis was transient lingual papillitis.

Case Report 2

A 63-year-old white female complained of a painful lesion on her tongue that was not present the night before. She could not recollect biting herself. Her history was within normal limits. The only pills she took were multivitamins and calcium with vitamin D. Additionally, she would occasionally take ibuprofen but had not taken it recently. Examination revealed a raised, 3 x 4 mm, yellowish-white papule on the left lateral border of the anterior tongue (see Figure 2). A preliminary diagnosis of an inflamed fungiform papilla with vasoconstriction was made. No treatment was given. The lesion resolved within five days. The final diagnosis was transient lingual papillitis.

Case Report 3

A 25-year-old white male dental student presented with a photograph of a condition that had occurred on his tongue. It arose overnight and presented as pain with some loss of taste. Examination of the photograph revealed numerous swollen, white fungiform papillae on the anterior and middle thirds of the dorsum of the tongue (see Figure 3). His history was within normal limits. The preliminary diagnosis was fungiform papillitis, possibly of viral origin. There was no treatment. The lesions regressed in about a week. The final diagnosis was transient lingual papillitis.

Documented cases of transient lingual

Discussion

papillitis are few. 1,2 Still, the condition is relatively common. On the survey done by Whitaker et al., ¹ 56 percent of 163 respondents admitted to having such lesions. An appellation given by respondents was that they had "lie bumps." A search on the Internet for "lie bumps" reveals that they are well recognized and that the term arose from superstitions that they were "the result of someone telling lies." TLP is limited to the dorsal surface of the tongue, affecting usually one or sometimes more of the fungiform papillae. It is a harmless but annoying problem. These bumps can become prominently red, white, or yellow-white and are tender for up to several days, although the pain or sensation is not severe. The biopsy of the case presented by Whitaker et al. showed a mild-tomoderate chronic inflammatory infiltrate



Figure 1. Case 1 presented with a yellowish papule on the left lateral border of the tongue.



Figure 2. Case 2 presented with a raised, yellowish-white papule on the left anterior lateral border. Also note several prominently red fungiform papillae anterior to the lesion.



Figure 3. Case 3 presented with numerous swollen white fungiform papillae on the dorsal surface. The involvement of so many papillae is unusual in transient lingual papillitis.

with some surface ulceration. While the cause of TLP is not known with certainty, most experts feel that local accidental trauma (rubbing, scraping, or biting) is a major factor; however, contact reactions to things like certain foods have also been suggested. The bumps are not contagious and the discomfort is relatively minor. Typically, these lesions heal within a few days with little or no treatment. Numbing rinses may be helpful.

Of interest are two reports on eruptive lingual papillitis that describe an acute outbreak in children of inflamed hypertrophic fungiform papillae on the tip and dorsolateral surface of the tongue with a pseudopustular appearance.^{3,4} This could be accompanied by fever, irritability, lymphadenopathy, and increased salivation. The lesions resolved within two weeks. Moreover, there was transmission to other adult family members, suggesting a viral origin. The patient in Case 3 presented with multiple pseudopustular papillae that did not start in a child and had none of the other features. Therefore, it is considered to be a case of TLP that is unusual in that it presents with multiple lesions and not just a singular lesion.

Also of interest is a report of fungiform papillary glossitis.⁵ The authors conclude that atopic people—those with a genetic hypersensitivity to environmental allergens like asthma, eczema, and hay fever—are more likely to have increasingly inflamed fungiform papillae than nonatopic people. This suggests that inflamed fungiform papillae may be a manifestation of atopy in some individuals. In the cases presented, there was no history of atopy.

Summary

Transient lingual papillitis is an annoying, yet harmless, condition seen more in young women as a mild-to-moderate painful enlargement of one or more inflamed fungiform papillae that resolve within a day or several days. Trauma may be a likely cause, but the exact cause is unknown. Treatment can be palliative using numbing or covering agents or provide reassurance with no other treatment except for follow-up to see that the lesions do resolve.

References

- Whitaker SB, Krupa JJ III, Singh BB. Transient lingual papillitis. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 1996;82:441-445.
- Noonan V, Kemp S, Gallagher G, Kabani S. Pathology snapshot: transient lingual papillitis J Mass Dent Soc. 2008;57(1):39.
- Lacour JP, Perrin C. Eruptive familial lingual papillitis: a new entity? Pediatr Dermatol. 1997;14(1):13-16.
- Roux O, Lacour JP. Eruptive lingual papillitis with household transmission: a prospective clinical study. Br J Dermatol. 2004;150(2):299-303.
- Marks R, Scarff CE, Yap LM, Verlinden V, Jolley D, Campbell J. Fungiform papillary glossitis: atopic disease in the mouth? Br J Dermatol. 2005;153(4):740-745.

Journal of the Massachusetts Dental Society Vol. 58/No. 2 Summer 2009