

**Picture Story**

## Black hairy tongue

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(Key words: Black hairy tongue, Drug induced)

### Case report

An 8-year-old boy presented with asymptomatic blackish discolouration on the tongue. One week prior, he was treated with co-amoxiclav and azithromycin for pneumonia for 5 days. Discolouration was noted to be gradually increasing. The child was not on any other medication / application on the tongue. A local examination showed black stained filiform papillae on the dorsum of the tongue (Figure 1).



**Figure 1: Black hairy tongue**

The discolouration could not be wiped away. Buccal mucosa was normal. There was no cervical lymphadenopathy. Diagnosis of drug induced black hairy tongue (BHT) was made. The child was asked to clean his tongue using a soft toothbrush twice a day. Blackish discolouration completely resolved after one week.

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### Discussion

BHT, also known as lingua villosa nigra, nigrites linguae and melanotrihia lingua, is a benign self-limiting condition due to hypertrophy and elongation of filiform papillae on the dorsal lingual surface<sup>1</sup>. Prevalence ranges from 0.6% to 11.3% and varies geographically<sup>1</sup>. Elongation of filiform papillae gives the appearance of hair, thus the name black hairy tongue. The elongated papillae, which are normally <1 mm in length, can be 12–18 mm long<sup>1</sup>. Excessive growth of chromogenic bacteria and fungi and desquamating keratin and food residue may be responsible for the discolouration<sup>2</sup>. BHT chiefly affects the central portion of the lingual dorsum, starting posteriorly and spreading laterally and anteriorly<sup>3</sup>. Though normally asymptomatic, it may present with a metallic taste, halitosis and dysgeusia<sup>1</sup>. In our child, the central part of the tongue was affected and child was asymptomatic.

BHT is associated with predisposing factors like bad oral hygiene, excessive black tea / coffee consumption, general debilitation, xerostomia, male gender, older age, prolonged use of oxidizing mouthwashes, advanced cancer, HIV and graft-versus-host disease<sup>1</sup>. Medications include antibiotics, corticosteroids, oxygenating mouth rinses, glycopyrrolate, lorazepam and psychotropic drugs<sup>2,5,6</sup>. Antibiotics may alter oral microbial flora leading to trapping of foreign material and overgrowth of chromogenic microorganisms<sup>2</sup>. The protective function of saliva is lost in xerostomia, predisposing to BHT<sup>2,5</sup>. It is difficult to point out which antibiotic was the cause of BHT as he has had two antibiotics. BHT is usually self-limiting and has a good prognosis<sup>6</sup>. Treatment options include discontinuing the offending agent, maintenance of good mouth hygiene, topical tretinoin, gentle debridement using a soft toothbrush and sodium bicarbonate mouthwashes<sup>2,3</sup>. Our child responded to tongue cleaning with a soft toothbrush.

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