



CASE STUDY

FOLIATE PAPILLITIS : A RARE CASE REPORT WITH OVERVIEW

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ABSTRACT

Due to increasing awareness about oral cancer and concern for own health, any lump in the oral cavity is often served with suspicion. Foliate papillitis is one of the painful swellings located at the posterior lateral margin of the tongue. Foliate papilla is covered by thin muosa, which when inflamed ruptures exposing the underlying foliate papilla. These exposed papilla may get secondarily infection leading to pain and swelling. In this article, we report a patient with foliate papillitis.

Key words:

Foliate papilla, Foliate papillitis,
Cancer-o-phobia.

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INTRODUCTION

Foliate papillae occur in clusters, usually symmetrical on the posterior end of lateral margin of tongue. In response to oral or upper respiratory tract infection, this papilla may enlarge and swell causing distress to the patient. Thus, while examining swelling at the posterior end of tongue, foliate papillitis should be considered as one of the possible reasons. Hereby, we report foliate papillitis in a 35-year old female patient.

Case report

A 35-year-old female patient presented to the outpatient department with a chief complaint of pain and swelling at the back of tongue from last 20-25 days. Pain appeared suddenly, was dull in nature, moderate in severity and continuous. It was unilateral and confined to the particular site only. Pain worsened on eating hot and spicy food. Besides this she also complained of a lump along the sides of tongue due to which her tongue movements were restricted. Patient was stressed

about her condition and demanded urgent consultation and treatment. Patient was suffering from common cold and cough from past couple of days but was not under any medication. Past dental and family history was non-contributory. On extra-oral examination, no gross facial symmetry was observed. No disturbance in Temporo-mandibular joint function, altered movements of muscles of mastication, lymph node enlargement, or swelling over salivary gland was noticed. No restriction in mouth opening or tongue protrusion was present. On intraoral examination (Fig.1a,b), nodular enlargement of foliate papillae was seen on the lateral posterior end of tongue (shown by white arrows). It was surrounded by mild erythema (black circle) which was extremely painful on palpation. Apart from this, the oral hygiene of the patient was poor. None of the teeth were missing, or impacted. Tonsillar inflammation was absent. Sharp cusps were also not present. Complete blood investigations were done which indicated decreased haemoglobin and folic acid levels.

Thus on the basis of extensive case history, and thorough clinical examination in which all other possible lesions were excluded, diagnosis of Foliate papillitis was made.

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Management of patient was done in the following step-by-step procedure

- Patient reassurance: must to relieve stress and overcome unrealistic cancerophobia
- Promote proper oral hygiene: Patient was instructed to maintain good oral hygiene by regular brushing. Hexidine mouth wash (0.12% concentration) was prescribed, to be used twice daily. Referred to periodontics department for oral prophylaxis
- Patient was advised to avoid hot and spicy food as it further worsens the condition.
- Topical application of anesthetic and local analgesic paste at the site three-four times daily
- Iron, folic, vitamin supplements were given to address systemic deficiency

Patient responded well to the medication and complete healing was seen after two weeks.



A35-year old woman presenting with foliate papillitis:

1A: nodular enlargement of foliate papillae on right lateral posterior border of tongue (white arrow). Surrounding area is erythematous, suggestive of inflammation (black circle)

1B: inflamed and enlarged foliate papillae on the left lateral posterior end of tongue

DISCUSSION

Foliate papillae are a group of numerous projections arranged in several transverse folds on lateral margin of tongue just anterior to palatoglossal fold. (Richard *et al.*, 2005) They are crescent or leaf shaped. They represent normal variation of papillae, and are usually symmetrical on each side of tongue. These are comprised of lymphoid tissue and may become enlarged or inflamed in response to oral or upper respiratory tract infection and thus referred as foliate papillitis. (George Laskaris, 2003) Folate papillitis, as the name suggests, is the inflammation of foliate papillae.

With increasing awareness about oral cancer, lumps in oral cavity are often served with suspicion. Depending on the severity of inflammation and patient's pain tolerance levels, they may either go unnoticed or panic the patient, thereby, forcing him to seek urgent medical consultation. Patient usually complains about the presence of lump at the back of tongue causing discomfort while tongue movements during talking, chewing or swallowing. In more advanced cases, patient may present with burning sensation, which worsens on eating hot and spicy food. Patrayu Taebunpakul in 2007 concluded that Hemoglobin, vitamin B₁₂ and folate levels are low in patients suffering from foliate papillitis. (Patrayu Taebunpakul *et al.*, 2007) Diagnosis is purely based on extensive case history and thorough clinical examination. There are certain similar conditions that need to be excluded. Sharp cusps should be checked as they can cause traumatic ulcer. Impacted teeth can also lead to pain in posterior oral cavity, so these should be excluded. Submandibular lymphadenitis can be excluded by palpation of lymph nodes as these are not involved in foliate papillitis. Eagle syndrome shows elongated styloid process on extraoral radiograph. As the posterior third of tongue is innervated by glossopharyngeal nerve, pain radiates along its course. (Lacour and Perrin, 1997) Thus thorough clinical history can discriminate between foliate papilla and glossopharyngeal neuralgia. In extreme cases, biopsy can be done to rule out precancerous and malignancies. Treatment is according to the severity of the condition. But reassurance at every visit is mandatory to relieve anxiety of the patients.

Conclusion

- Folate papillitis is the inflammation of crescent shaped papillae located at the posterior end of sides of tongue.
- While examining swelling along the posterior end of lateral border of tongue, foliate papillitis should be considered as one of the differential diagnosis.

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