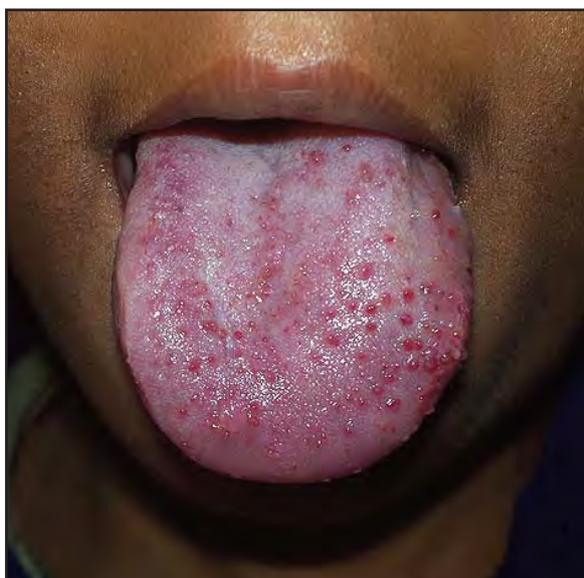


Quiz

## Multiple Erythematous Painful Papules over Tongue and Intense Salivation



**Figure 1.** Multiple erythematous, tender, papular lesions on tongue



**Figure 2.** Enlarged, but non-tender sub-mandibular lymph nodes

A 10 years old boy presented with erythematous papular lesions over tongue and excessive salivation for 3 days. On enquiry it was found that all lesions appeared at once and were painful. He was having mild fever at the onset. There was no past history of similar lesions and no other family member was having similar lesions at the time of presentation. However his younger brother developed similar lesions over tongue 5-6 days after presentation. On examination dorsolateral parts and tip of tongue were studded with multiple

erythematous papular lesions and they were tender (**Figure 1**).

Rest of the oral cavity was unremarkable. Cervical lymph nodes- submental and sub-mandibular groups were found to be enlarged but non tender (**Figure 2**).

Rest of the systemic examination was unremarkable. The condition lasted for 10 days and lesions resolved completely without any sequelae.

What is your diagnosis?

## Eruptive Lingual Papillitis

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### Abstract

**Observations:** A 10 years old boy presented with multiple erythematous painful papules over tongue and intense salivation for 3 days. He had fever at the onset and was having difficulty in eating. On examination submental and submandibular lymph nodes were found to be enlarged but non tender. Rest of the examination was unremarkable. The diagnosis of Eruptive lingual papillitis (ELP) was made on the basis of history and classical findings.

### Discussion

Eruptive lingual papillitis (ELP) is an acute self limiting inflammatory condition involving the fungiform papillae on the tip and dorso-lateral sides of tongue [1]. It was first described by Lacour and Perrin in 1997 [1, 2]. However Whitaker et al. had described a similar condition in 1996 as Transient lingual papillitis (TLP) [3]. Later Lacour himself concluded ELP resembles entity called TLP, more commonly known as “Lie bumps” [4].

It affects children of both sexes equally with mean age of diagnosis 3 ½ years [1]. It is seen most commonly in spring season. The usual presentation is acute inflammatory hypertrophy of papillae over tongue- tip and dorsolateral parts. Recently a recurrent papulokeratotic variant has been reported [5]. Fever (40%), difficulty in feeding (100%) and submandibular or cervical adenopathy (40%) are usually associated. One striking association is intense salivation (seen in 60% cases). No associated skin eruption has been described [1].

The etiology is largely unknown. Infectious etiology, probably viral, appears to be probable cause-transmission to other family members (50%) has been recorded [1, 4]. However Giunta has suggested trauma as the etiological agent [3]. More recently, a condition “fungiform papillary glossitis (FPG)”,

which is clinically similar to ELP, has been found to be associated with Atopic dermatitis [6]. However it is not clear if ELP and FPG represent two names for same condition.

This condition is self limiting. Spontaneous involution is seen in 2-15 days (mean 7 days). However recurrence (13%) has been reported [1].

There is no specific treatment. Symptomatic treatment may be given.

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