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Transient Lingual Papillitis: A Benign and Underrecognised Entity

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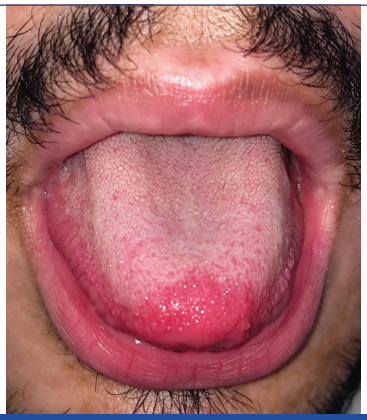
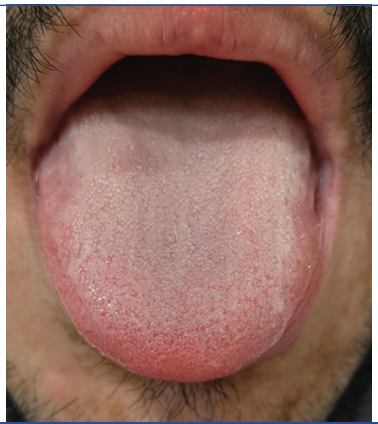
A 32-year-old male presented to the Dermatology outpatient clinic with a complaint of painful lesions at the tip of his tongue for two days [Table/Fig-1]. The lesion was associated with mild burning and tenderness, particularly when eating spicy or hot foods. The patient denied any recent trauma to the tongue, new medications, systemic illness, or dietary changes. He reported no history of tobacco or alcohol use and had no known food allergies. The only potentially contributory factor identified was sleep deprivation due to work-related stress over the previous week. On intraoral examination, a single, well-defined, erythematous plaque with raised papules was noted at the anterior tip of the tongue. The lesion was tender on palpation, and the surrounding mucosa appeared normal. There were no other oral lesions, fissuring, or depapillation. No cervical lymphadenopathy was present. Based on the history and clinical appearance, a provisional diagnosis of localised Transient Lingual Papillitis (TLP) was made. The patient was reassured about the benign and self-limiting nature of the lesion and advised to avoid spicy, acidic foods and other lingual irritants. No investigations or medications were advised, and he was counselled to avoid irritant foods and maintain good oral hygiene. At follow-up after seven days, the lesion had resolved completely [Table/Fig-2]. No recurrence was reported at a one-month telephonic follow-up.



[Table/Fig-1]: A solitary erythematous, raised plaque is seen at the tip of the tongue (at presentation).



[Table/Fig-2]: Complete disappearance of the lesion with restoration of normal tongue surface morphology.

TLP is a condition first described in 1996 as a transient, painful inflammation of one or more fungiform papillae of the tongue. These papillae are located predominantly at the tip and lateral borders of the tongue and house taste buds, particularly for sweet and sour tastes. TLP typically presents as one or more small, raised, erythematous or whitish papules that are tender to touch and often cause discomfort while eating, especially spicy or hot foods. The condition is self-limiting and resolves within a few days to a week without scarring or complications [1].

Although TLP is thought to be relatively common, it remains underreported in the literature, possibly due to its brief duration and minimal clinical consequences. The aetiology is not well understood but has been associated with various triggers [2,3]. Three clinical variants have been described: localised TLP, generalised eruptive TLP, and a papulokeratotic variant, with localised TLP being the most frequently observed form in adults [4]. Recently, atypical presentations such as painless hyperkeratotic white papules, eruptive and U-shaped patterns have also been reported [5,6].

A recent scoping review by Mugundan RN et al., compiled 18 detailed case reports and two small case series, highlighting the wide clinical spectrum of TLP. Among these, multiple instances featured painful, erythematous fungiform papillae- typically on the tongue's tip or dorsum- lasting just a few days and resolving without intervention. They also suggest an urgent need for consensus-driven diagnostic criteria [7].

The exact cause of TLP is unknown. However, several factors have been implicated, including local irritation (e.g., biting, dental instruments), nutritional deficiencies, psychological stress, sleep disturbances, and gastrointestinal upset. Viral infections, allergic reactions, and hormonal changes have also been considered potential triggers [3,5,8].

Differential diagnoses include aphthous ulcers, geographic tongue, herpetic stomatitis, allergic glossitis, and nutritional glossitis. Aphthous ulcers differ by their ulcerated centers and mucosal involvement beyond the tongue. Geographic tongue presents as erythematous, migratory patches with white serpiginous borders. Herpetic lesions are usually vesicular and more diffuse. Nutritional deficiencies present with a smooth, depapillated tongue and may have systemic manifestations [2,5,9].

Management of TLP is conservative. Patient education and reassurance are usually sufficient. Symptomatic relief can be provided using saline rinses, topical anaesthetics, or mild corticosteroids if pain is significant. Avoidance of irritant foods and maintenance of oral hygiene are recommended. In most cases, the lesions resolve spontaneously within two to seven days [4,6,10].

In the present case, the lesions resolved without any treatment. The absence of systemic signs, localised pain, and rapid resolution were consistent with the diagnosis of localised TLP. Awareness of this benign entity among clinicians is crucial to avoid misdiagnosis and unwarranted therapy. This case reinforces the benign and self-limited nature of localised TLP and the importance of avoiding overtreatment in such presentations.

REFERENCES

[1] Whitaker SB, Krupa JJ 3rd, Singh BB. Transient lingual papillitis. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 1996;82(4):441-445.
[2] Reamy BV, Derby R, Bunt CW. Common tongue conditions in primary care. Am Fam Physician. 2010;81(5):627-634.
[3] Laskaris G. Color atlas of oral diseases in children and adolescents. Second edition. Thieme Medical Publishers, Inc. New York.
[4] Roux O, Lacour JP, Paediatricians of the Region Var-Côte d'Azur. Eruptive lingual papillitis with household transmission: a prospective clinical study. Br J Dermatol. 2004;150(2):299-303.
[5] Neville BW, Damm DD, Allen CM, Chi AC. Oral and maxillofacial pathology-Edition 5. EBook. Elsevier Health Sciences; 2023.
[6] Ali M, Bass S, Siperstein R. Nonpainful hyperkeratotic variant of transient lingual papillitis: a case report. JAAD Case Rep. 2025;61:40-41.
[7] Mugundan RN, Thavarajah R, Ranganathan K. Tracking the tongue terrain: A scoping review on transient lingual papillitis. Oral Maxillofac Pathol J. 2024;15(2):240-250.
[8] Lacour JP, Perrin C. Eruptive familial lingual papillitis: A new entity? Pediatr Dermatol. 1997;14(1):13-16.
[9] 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.
[10] Giunta JL. Transient lingual papillitis: Case reports. J Mass Dent Soc. 2009;58(2):26-27.

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