



TRANSIENT LINGUAL PAPILLITIS: A CASE REPORT

Dentistry

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ABSTRACT

Transient lingual papillitis (TLP) is a common yet often overlooked inflammatory condition affecting the fungiform papillae of the tongue. It presents as transient, painful papular lesions that can cause discomfort but resolve spontaneously or with minimal intervention. The condition has been associated with multiple etiological factors, including local trauma, viral infections, stress, and food-related triggers. This article presents a case report and aims to provide a comprehensive overview of the incidence, clinical presentation, pathophysiology, differential diagnosis, and management strategies of TLP.

KEYWORDS

Transient lingual papillitis, Fungiform Papillae, Inflammatory Hyperplasia

INTRODUCTION:

Transient lingual papillitis is a benign inflammatory condition primarily affecting the fungiform papillae on the dorsal surface of the tongue. It was initially described in 1996 by Whitaker et al. as an inflammatory hyperplasia of one or more fungiform lingual papillae that was acute in onset, was painful, and transient in nature¹. Although self-limiting, the condition can cause significant discomfort, prompting patients to seek medical or dental consultation. The precise pathogenesis remains unclear, but multiple factors have been proposed.

Case Report:

A 10-year-old boy presented to a tertiary dental center with a solitary, white, painful papule on the lateral surface of the tongue since 02 days (Figure 1).



Figure 1: Solitary, white, painful papule on the lateral surface of the tongue

It was sudden in onset without any previous history of disease or medication. There was no history of fever, sore throat, or other respiratory symptoms in the recent past. The lips, gingiva, other parts of the tongue, palate, and throat had a normal appearance. Based on the clinical presentation the entity was diagnosed as Transient lingual papillitis of idiopathic etiology. The patient was advised to practice good oral hygiene and a topical anesthetic was advised for pain relief. Follow-up was done after 05 days in which the lesion had completely resolved (Figure 2). Subsequent follow-up after a month showed no recurrence.



Figure 2: Complete resolution in total of 07 days

DISCUSSION:

TLP is a relatively common condition, affecting both children and adults. Studies suggest that nearly 50% of individuals may experience an episode at some point in their lifetime. The condition has no significant gender predilection and is not linked to systemic diseases. It is also known as “lingual fungiform papillae hypertrophy”, “fungiform papillary glossitis”, “lie bumps or liar’s bumps”¹².

Several Factors Have Been Implicated In The Development Of TLP^{3,4}:

- **Local Trauma:** Physical irritation from sharp foods, accidental biting, or aggressive tooth brushing.
- **Dietary Triggers:** Consumption of spicy, acidic, or highly processed foods has been linked to outbreaks.
- **Stress and Hormonal Influence:** Emotional stress, fatigue, and hormonal fluctuations may contribute to TLP.
- **Viral and Bacterial Infections:** Some cases have been associated with viral illnesses such as influenza or bacterial colonization in the oral cavity.
- **Allergic Reactions:** Certain food additives, flavoring agents, and preservatives may act as allergens triggering inflammation.

The pathogenesis is believed to involve localized inflammatory responses with temporary hyperplasia of the fungiform papillae and associated nociceptive activation.

TLP typically presents with one or multiple erythematous, swollen, and painful papules on the anterior dorsal surface of the tongue. These lesions can⁵⁻⁷:

- Appear suddenly and last from a few hours to several days.
- Be accompanied by a burning or tingling sensation.
- Occasionally be associated with increased salivation or mild dysgeusia (altered taste perception).
- Resolve spontaneously without leaving residual lesions.

Conditions That Mimic TLP Include^{8,9}:

1. **Geographic Tongue (Benign Migratory Glossitis)** – Irregular, depapillated areas that migrate over time.
2. **Canker Sores (Aphthous Stomatitis)** – Painful ulcers with a yellow-white pseudomembrane.
3. **Herpetic Stomatitis** – Vesicular lesions with systemic symptoms.
4. **Oral Candidiasis** – White plaques that scrape off, revealing erythematous mucosa.

TLP is a clinical diagnosis based on history and presentation. A biopsy is rarely required but can reveal mild epithelial hyperplasia, inflammation, and lymphocytic infiltration when performed.

As TLP Is Self-limiting, Treatment Focuses On Symptom Relief^{7,9}:

- **Dietary Modification:** Avoiding spicy, acidic, or hot foods.
- **Topical Anesthetics:** Lidocaine or benzocaine gels to reduce pain.

- **Anti-inflammatory Agents:** Topical corticosteroids such as triamcinolone in severe cases.
- **Oral Hygiene Maintenance:** Gentle brushing and antiseptic mouthwashes like chlorhexidine.
- **Stress Reduction Techniques:** Meditation, adequate sleep, and hydration may reduce recurrence.

TLP resolves spontaneously within a few days to a week, with no long-term sequelae. Recurrences are possible but usually mild and self-limiting.

CONCLUSION:

Transient lingual papillitis is a benign and common condition that, despite its transient nature, can cause discomfort. Awareness among healthcare professionals allows for proper reassurance and symptomatic management of affected patients. Further studies are needed to elucidate the precise pathophysiological mechanisms and potential preventative measures.

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