

Lingua villosa nigra

Zishan Sheikh, Afroze Shah Khan, Shahnawaz Khan

In March, 2010, a 53-year-old woman developed a black discolouration of her tongue. 4 weeks before developing the discolouration, she had had elective gynaecological surgery, from which she was recovering as an inpatient under our care. She did not smoke, but had a high intake of caffeinated drinks, including six cups of tea and two cups of coffee each day. During the course of her hospital stay she completed a 3-week course of amoxicillin clavulanate and metronidazole for a suspected postoperative pelvic infection. Tongue scrapings confirmed *Candida* infection, and we diagnosed our patient with lingua villosa nigra (black hairy tongue) caused by a *Candida* infection

secondary to antibiotic use. Lingua villosa nigra is a condition that is often attributed to poor oral hygiene. It is characterised by hypertrophy and elongation of filiform papillae and lack of normal desquamation. The discolouration is thought to be due to secondary infection with porphyrin-producing chromogenic bacteria or yeast. It is more common in people who chew tobacco, have caffeinated drinks, or have HIV infection. It is characteristically confined to the posterior two-thirds of the tongue, and generally causes no symptoms. Our patient was treated with a short course of fluconazole and her tongue returned to normal within 7 days.



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Department of Cardiology,
Stoke Mandeville Hospital,
Aylesbury, Buckinghamshire,
UK (Z Sheikh MBBS);
Department of Otolaryngology,
Charing Cross Hospital,
London, UK (A S Khan MRCS);
and The Royal Marsden, Sutton,
Surrey, UK (S Khan MBBS)

Correspondence to:

Mr Afroz Khan, 89 Lewin Road,
London SW16 6JX, UK
afroz.khan@nhs.net



Figure: Lingua villosa nigra (black hairy tongue)

(A) Lingua villosa nigra before treatment. (B) Resolution of the lingua villosa nigra after 1 week's treatment with fluconazole.