

Fibroepithelial Polyp With Concomitant Geographic Tongue

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A 5-year-old boy presented to our clinic for a well-child visit. Physical examination findings were unremarkable except for a small growth on his tongue and a red and white circular pattern on the dorsal surface (**Figure**).



His mother stated that the growth had appeared a year ago and had been slowly enlarging, and that the patterned tongue had been present since birth. The patient had no concerns about his tongue, and no family members had similar findings.

He was referred to an oral and maxillofacial surgeon, who diagnosed the lesion as a fibroma, which was then surgically excised. The histology report described the lesion as fibrous tissue covered by stratified squamous epithelium with focal parakeratosis and bacterial colonization.

Discussion. Fibromas, also known as irritation or traumatic fibromas, fibrous nodules, or fibroepithelial polyps, are benign fibrous connective tissue tumors that occur as a response to local irritation and trauma.

Frequently found on the gingiva, the tongue, and along the line of occlusion of the buccal mucosa, fibromas have a smooth, nodular surface and are similar in color to the buccal mucosa but may have a bluish hue. Prevalence ranges from 1% to 2% of the population.¹ Although they can occur at any age, they are uncommon in children.¹ The differential diagnosis includes fibrous hyperplasia, focal papilloma, hemangioma, lymphangioma, and lipoma. A definitive diagnosis requires histologic examination. Treatment options include surgical excision or ablation with carbon dioxide or Er:YAG laser therapy, marsupialization, and cryosurgery.¹

Geographic tongue, such as that of our patient, is a benign transient condition. Also referred to as benign migratory glossitis, oral erythema migrans, annulus migrans, and wandering rash of the tongue, the loss of epithelium, especially the filiform papillae, gives it a characteristic patterned appearance.^{2,3} Approximately 1% to 2% of the pediatric population is affected.² The etiology is unknown; however, anemia, allergies, asthma, atopy, diabetes, hormonal disturbances, immunologic factors, genetic factors, tobacco consumption, and vitamin deficiencies may play a role.^{4,5} A recent study showed an association with a mutation in the interleukin 36 receptor antagonist gene (*IL36RN*).⁵ Geographic tongue can also exist with other disorders, namely fissured tongue, psoriasis, diabetes, gastrointestinal tract diseases, burning mouth syndrome, and Down syndrome, and is usually asymptomatic.^{6,7} However, some patients experience pain, burning, discomfort, dysgeusia, sensitivity to certain foods, increased salivation, ear pain, and ipsilateral submandibular lymphadenopathy.⁶ The differential diagnosis includes candidiasis, drug reactions, herpes simplex virus infection, leukoplakia, lichen planus, neutropenia, psoriasis, syphilitic gumma, and systemic lupus erythematosus.⁸ Because of its benign and self-limited nature, geographic tongue does not usually require treatment. However, if the patient is symptomatic and other diagnoses have been excluded, a trial of analgesics, antihistamines, mouth rinses with topical anesthetics, and multivitamins or vitamin A, vitamin K, or zinc may be beneficial. Avoiding acidic fruits and beverages; hot, spicy, or sour foods; dried or salty nuts; and toothpastes that contain tartar-control additives may also help. Overall, the prognosis is good, and patients and parents should be reassured of its benign nature.

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