

## Letter Regarding “Fissured Tongue: A Case Report”

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### Letter to Editor

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### Introduction

We studied with great interest the article entitled, “Fissured Tongue: A Case Report” authored by Kamakshi and Colleagues [1]. In this valuable paper the authors reported a case of “fissured tongue” (FT) with some information about the clinical feature and some causes of FT. We would like to give more explanation about FT. We hope this information is useful for the readers.

Fissured tongue is a common, benign condition, considered to be a normal variant of tongue architecture. The precise etiology of FT remains unclear [2]. Some authors consider FT as a reactive process [3]. Although a polygenic hereditary component is presumed by many authors [2,4], genetic origin is not accepted by all investigators [5]. FT is usually asymptomatic and typically being diagnosed as an incidental finding during the routine intra-oral examination. However entrapment of food particles and debris within the fissures, poor hygiene and nutritional deficits may lead to mild burning pain [2]. The frequency of FT increases with aging [6]. An association between FT and geographic tongue (GT) also known as benign migratory glossitis is well established in the literature [3].

As Dr Kamakshi has well explained, FT can be observed in diseases such as pernicious anemia, Sjogren’s syndrome, pustular psoriasis and Melkersson-Rosenthal syndrome. In addition to these diseases, FT can also be associated with Down’s syndrome, acromegaly, macroglossia. Job’s syndrome (hyperimmunoglobulin E syndrome), Robinow Syndrome, Coffin-Lowry syndrome, Fraser’s Syndrome, Oral-Facial-Digital Syndrome Type I, Mohr Syndrome, Pierre Robin Syndrome, pachyonychia congenita, and Cowden’s disease, etc. [2,3].

Dr Kamakshi properly mentioned FT as a mucosal form of pustular psoriasis. However FT is not confined to pustular form of psoriasis and can be associated with all kinds of psoriasis. Investigators have demonstrated that FT is the most common oral finding in psoriasis and it is significantly much more common in psoriatic patients compared to controls in different studies [4,7-10].

Zargari reported the very low prevalence of psoriatic tongue lesions in cigarette smokers [9]. However the possibility of protective role of smoking against the development of psoriatic tongue lesions is not clear yet.

There are considerable controversies about the correlation between prevalence of FT and severity of psoriasis [4,7-9]. Some investigators state that GT may be a more useful indicator of psoriasis severity than FT. Multicentric, well designed, controlled studies with large sample sizes are warranted to investigate this relationship.

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