Black Hairy Tongue (Lingua Villosa Nigra)

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A 64-year-old man, having right sided complete hemiparesis from previous CVA presented with dysphagia (both solids & liquids) with black discolouration of his tongue for last 3 weeks. He denied any substance abuse and was not taking any bismuth-containing compounds. Physical examination revealed black discoulouration (Figure 1) with hairy appearance (Figure 2) of the tongue. Few discrete adherent white patches were evident over tonsils and posterior pharyngeal wall. Systemic examination was non-contributory. A throat swab with KOH staining and throat culture was positive for Candida albicans. The patient was treated with a short course of oral fluconazole and the black discoulouration and hairy appearance of the tongue resolved in 4 days.

Black hairy tongue (lingua villosa nigra) results from a variety of precipitating factors like tooth loss, chronic or extensive use of antibiotics and bismuth, chewing tobacco, and radiation treatments to the head and neck. It may also be associated with the presence of chromogenic organisms (like C. albicans). The pathophysiology is thought to be due to proliferation, hypertrophy and elongation of filiform papillae of the tongue, with a lack of normal desquamation, which stains black in presence of porphyrin-producing chromogenic organisms. Normal filiform papillae are approximately 1 mm in length, whereas filiform papillae in hairy tongue can be more than 15 mm in length. Even though it may appear alarming, black hairy tongue itself is harmless and generally resolves on its own. The recommended treatment is to brush the tongue with a soft toothbrush twice a day.

Our patient was on soft diet because of the residual neurodeficit from the CVA sustained about 2 months back. The synergistic action of the soft diet, as it does not allow for normal desquamation from rough food scraping the tongue and C. albicans infection perhaps was responsible for black hairy tongue in this gentleman.