A 65-year male, known diabetic, presented to casualty with dyspnea for the last 4 days. The patient had undergone debridement of the right foot 1 month back which revealed *Staphylococcus aureus* (methicillin-resistant). He was started on oral linezolid (600 mg). He was conscious oriented, had tachycardia and required oxygen support. On systemic examination, he had basal crepts. On examination of the tongue, the patient had blackish-brown discoloration involving the posterior two-thirds, sparing tip, sides, and buccal mucosa, (Fig. 1A) which could not be wiped off. He denied a history of smoking or excessive consumption of coffee, colored beverages, and tobacco. A swab culture was sent which was sterile. Linezolid was stopped. He was given chlorhexidine mouthwash for frequent use. Discoloration partially cleared on day 5 at the time of discharge (Fig. 1B). On discharge, he was advised to maintain good oral hygiene.

Linezolid-induced black discoloration of the tongue is a rare and benign disorder, which can be associated with multiple causative factors such as drugs (anticholinergics, antihypertensives, and antidepressants), smoking, drinking alcohol, chewing tobacco, poor oral hygiene, radiation therapy, etc. The exact method by which linezolid causes a black hairy tongue remains unknown, however, it has been studied that defect in the desquamation of the keratinized layer of the tongue causes overgrown as well as thickened papillae leading to a collection of microorganisms. The median period from initiating linezolid to the diagnosis of discoloration in reported cases is 2 weeks. In a study done by Hau in 2002, it was seen that the incidence of patients developing black hairy tongues as a result of receiving linezolid was as low as 0.2%. Once diagnosed, discontinuation of the drug and good oral hygiene resolves most of the problem.

**References**