Electrocautery treatment for the black hairy tongue

Siyah tüyüş dilde elektrokoter uygulaması

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Abstract

Black hairy tongue is the hairy appearance of the dorsal part of the tongue. This clinical condition results from the hypertrophy of filiform papillae and the desquamation of the tongue. It is commonly seen in old individuals and heavy smokers. Initial treatment is generally based on the behavioural changes like cessation of smoking and maintenance of oral hygiene. If the prior therapies did not succeed, oral or topical therapies are commonly the second options. Chemical or electrocautery therapies that we can call “abrasion therapies” could be the last choice in the contemporary treatment of black hairy tongue.

Key words: electrocautery, black hairy tongue

Özet


Anahtar kelimeler: elektrokoter, siyah tüyüş dil

Introduction

Lingua Villosa Nigra is also known as the black hairy tongue (BHT). It is the hairy appearance of the dorsal part of the tongue. Hairy tongue results from the defective desquamation of tongue and hypertrophy of filiform papillae.¹ The prevalence of BHT is not exactly known, somehow it could reach 11.3% in some populations.² BHT is generally seen in the old, heavy smoker, male patients. It can also be seen in patients with malignancy, immunocompromised, edentulous or HIV positive features. It is easy to define BHT and the treatment options are numerous. Follow up with behavioural changes such as quitting smoking and brushing tongue, medical drugs including antifungals and antibiotics, topical trichloracetic acid and urea solution, electrodissection cautery are different management modalities for BHT.³

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Case report

A 36-year-old male was presented with a complaint of abnormal gag reflex during his meal. He had a history of smoking of two packs of cigarettes for 20 years. He was not edentulous. He had a sensation of a foreign body at the back of the tongue. He did not have the history of previous oral surgical procedures. Additionally there was not any record of any systemic diseases or drug intake.

He was noted to have a black hairy appearance at the posterior location of sulcus terminalis (Fig. 1). After discussing the treatment options; he refused to take medication advice or applying any topical treatments (trichloroacetic acid, etc.). After eliminating other options, electrocautery dissection of BHT was accepted by the patient. The procedure was started with the application of local anesthetic xylocaine® pump spray over the tongue. The intervention was made with an electrocautery device (SURGITRON® FFPF EMC ELLMAN INTERNATIONAL). We used the shaving handle device for 6 minutes under the local anesthesia. The hairy particles were cauterized with a handpiece device. Macroscopic appearance of the lesion was totally cauterized. One week after the operation symptoms were resolved. The patient declared that he had quitted the smoking.

Three months after the procedure, there was not any sign of lesion (Fig. 2).

Discussion

Lingua Villosa Nigra is the black hairy appearance of the tongue. It is caused by hyperthrophy of the filiform papilla with existing desquamation of lingual mucosa. Poor oral hygiene, many different conditions, substances, medications are thought to be some etiologic factors of BHT. The detection of medication which triggers this condition is also essential. Antibiotics, antidepressants are thought to be the medical agents which could be responsible for BHT.

Due to the benign, self-limiting clinical characteristic features of BHT, the first-line treatment options are based on behavioural changes, such as quitting smoking, stopping medications associated with BHT, gently brushing tongue, etc. Many types of medical therapy for BHT is reported in the literature such as the usage of salicylic acid, gentian violet, thymol, vitamin B complex, topical or oral retinoids.

Electrocautery device is a radiofrequency electricity source for generating heat in the tissues. Generally, needles and fine wire tips of electrocautery device are used at otor-
hinolaryngology interventions for the oral mucosa.\textsuperscript{10} These types of tips affect the cross-sectional area by concentrating the current at a fine point.\textsuperscript{9} A localized generated heat in a cross-sectional area by using fine point makes the electrocautery device a useful device for the oral mucosal diseases. The usage of electrocautery in BHT is anecdotal. Electrocautery is recommended in BHT which is resistant to the prior therapies.\textsuperscript{11,12}

A limitation for this report is that we did not evaluate this patient for oral candidiasis which could be a possible etiologic factor.

To conclude, according to our clinical experience electrocautery might seem to be a choice for the treatment of BHT in a patient who refuses the other options. However, the maintenance of oral hygiene and the cessation of smoking are essential before considering electrocautery option.

\textbf{References}