


XVII. Diseases of the Digestive System

N.B.3:			
Inflammation of the tongue (glossitis)			
Acute:	Causes: 1. Burns, abrasions and injurious agencies (biting). 2. Fevers and constitutional disturbances. 3. Streptococcal infections. 4. Ludwig's angina.		
	Features:	<ul style="list-style-type: none"> • Tongue is swollen, • Red and may lead to cellulitis or and • Edema of neck. 	
			
II. Chronic:	The commonest cause is syphilis.		
	Features:	<ol style="list-style-type: none"> 1. Primary stage: Chancre: At tip of tongue. 2. Secondary stage: Mucous patches: At edges of tongue; is highly infective (spirochaetes). 3. Tertiary stage: <ol style="list-style-type: none"> (a) Localized (gumma). (b) Diffuse. 	
	(a) Gumma:	<ul style="list-style-type: none"> • Localized on dorsum; when large enough → sloughing of mucous membrane → a punched out ulcer with serpiginous outline. • No enlargement of regional lymph nodes. 	
	(b) Diffuse syphilitic glossitis:		
		<ol style="list-style-type: none"> 1. Chronic superficial glossitis (leucoplakia). <ul style="list-style-type: none"> • Raised irregular white patches (hyperkeratosis), separated by fissures (cracks) (carcinoma may develop in one of these fissures by excessive epithelial proliferation). 	
		<ol style="list-style-type: none"> 2. Chronic parenchymatous glossitis <ul style="list-style-type: none"> • Syphilitic granulation tissue deep into the substance of the tongue. • At first, tongue is enlarged (macroglossia). • Later on tongue shrinks (scarring). • It may occur as carcinoma in situ or even occasionally an infiltrating carcinoma. 	
III. Ulcerative:			
1. Inflammatory:	At edge or tip (shallow and inflamed).		
2. Syphilitic :	(a) Chancre (at tip). (b) Gumma (at dorsum).		
3. Tuberculous:	Near tip oi base of tongue; the ulcer has undermined edges; is secondary to pulmonary tuberculosis.		

4. Malignant:

At edge or centre; ulcer has raised hard edges; enlarged regional lymph nodes.

N.B. 4 Other conditions in tongue

1. **Pellagra** → atrophic glossitis.
2. **Scarlet fever** → prominence of papillae.
3. **Polycythemia** → discolouration of tongue (reddish-blue).
4. **Plummer-Vinson syndrome** → smooth pale tongue.
5. **Pernicious anaemia** → red smooth tongue.

6. Congenital abnormalities:

- **Tongue-tie:** Frenulum is short.
- **Bifid tongue:** Failure to fuse at the mid line.
- **Macroglossia** (large tongue) or
- **Microglossia** (small tongue).
- **Median glossitis:** A red patch devoid of papillae.

7. Cysts of tongue:

- (a) **Thyroglossal:** At base of tongue; contains colloid.
- (b) **Dermoid:** Under the tongue.
- (c) **Retention:**
 - A degeneration-cyst (ranula).
 - At floor of mouth and under the tongue.
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