Portuguese Journal of Dermatology and Venereology

Permanyer

Check for updates

Port J Dermatol and Venereol.

DERMATOLOGY IMAGES

Do not forget to consider eosinophilic ulcer of the tongue!

Não se esqueça de considerar a úlcera eosinofílica da língua!

Miguel Santos-Coelho, Joana A. Barbosa, and Alexandre João*

Department of Dermatology and Venereology, Hospital de Santo António dos Capuchos, Centro Hospitalar Universitário de Lisboa Central, E.P.E., Alameda Santo António dos Capuchos, Lisbon, Portugal

An 81-year-old, non-smoker woman presented with slowly growing and mildly painful tongue ulcers that had been first noted 3 months earlier.

Clinical examination revealed three ulcers of the tongue's body, measuring between 0.4 and 1 cm, with a gray base and irregular, defined, slightly infiltrated borders (Fig. 1). There were no palpable lymph nodes and no teeth abnormalities.

Polymerase chain reaction testing for herpes simplex virus (HSV) and treponema pallidum hemagglutination, venereal disease research laboratory, and human immunodeficiency virus (HIV) serologies were negative. A punch biopsy revealed ulceration, densification of collagen, vascular proliferation, and a mixed inflammatory infiltrate with lymphocytes, histiocytes, and eosinophils that extended through the striated muscle fibers (Fig. 2). A diagnosis of eosinophilic ulcer of the tongue (EUT) was made.

After discussing possible treatments, a wait-and-see approach using topical lidocaine for pain management was selected. Lesion resolution occurred 4 months later, with no recurrence at 12-month follow-up.

EUT is a benign, self-limited entity, usually diagnosed during the 1st year or between the 5th and 7th decades of life[1-4]. Most lesions are solitary, asymptomatic, and located on the tongue[1-4]. Local trauma (biting, deformed teeth) is one of the drivers for EUT[1-4] but is insufficient to explain lesion progression.

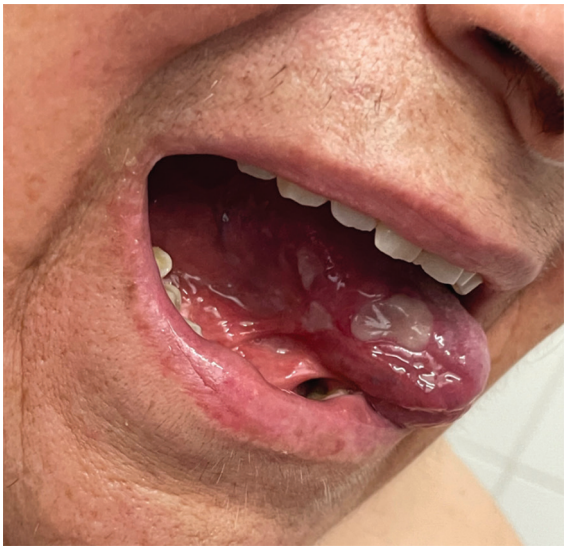

Figure 1. Ulcers of the tongue's body.

Differential diagnosis includes inflammatory (aphthous stomatitis and oral lichen planus), autoimmune

***Correspondence:**
Miguel Santos-Coelho
E-mail: mscoelho.derma@gmail.com

Received: 04-10-2023
Accepted: 17-11-2023
DOI: 10.24875/PJDV.23000081

Available online: 08-04-2024
Port J Dermatol and Venereol. 2024;82(2):142-143
www.portuguesejournalofdermatology.com

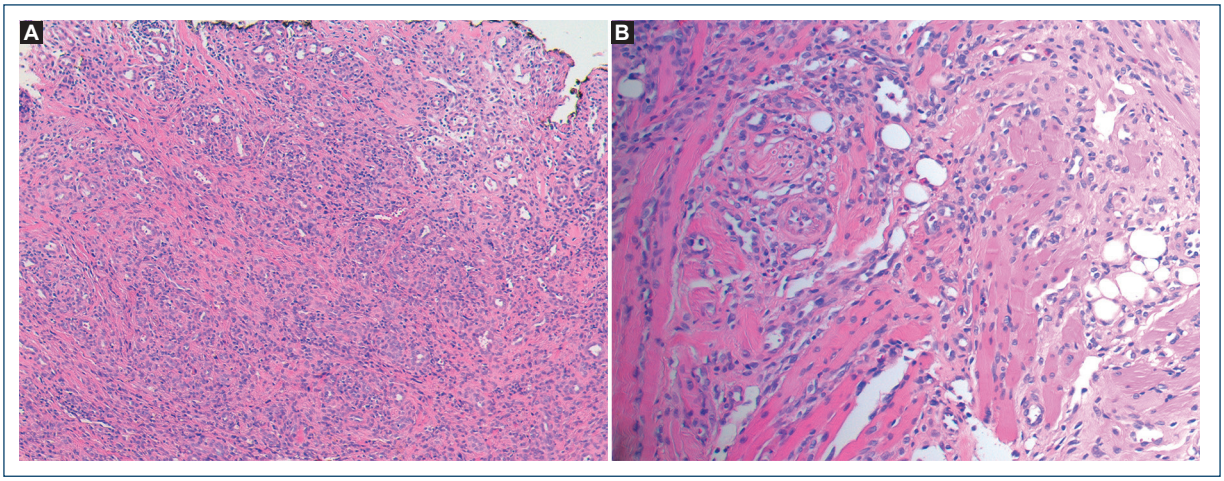

Figure 2. A: punch biopsy revealing ulceration, collagen densification, and a dense mixed infiltrate containing eosinophils (H&E, ×100); **B:** vascular proliferation and inflammatory infiltrate extending through striated muscle fibers (H&E, ×200).

(Behçet, pemphigus vulgaris, and systemic lupus erythematosus), infectious (HSV, syphilis, HIV), and malignant (squamous cell carcinoma) diseases.

A wait-and-see approach can be used and surgical excision, cryosurgery, and topical/intralesional corticosteroids are options for persistent lesions[1-4]. Recurrence is rare but removal of possible triggers (behavioral modification, dental care) is also important.

Funding

None.

Conflicts of interest

None.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

Use of artificial intelligence for generating text. The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of images, graphics, tables, or their corresponding captions.

References

1. Lingaraju N, Gaddelingiah YB, Shivalingu MM, Khanum N. Eosinophilic ulcer of the tongue: a rare and confusing clinical entity. BMJ Case Rep. 2015;2015:bcr2015210107.
2. Didona D, Paolino G, Donati M, Didona B, Calvieri S. Eosinophilic ulcer of the tongue-Case report. An Bras Dermatol. 2015;90:88-90.
3. Sah K, Chandra S, Singh A, Singh S. Eosinophilic ulcer of the tongue masquerading as malignant ulcer: An unexplored distinct pathology. J Oral Maxillofac Pathol. 2017;21:321.
4. Hamie L, Hamie M, Kurban M, Abbas O. Eosinophilic ulcer of the oral mucosa: an update on clinicopathologic features, pathogenesis, and management. Int J Dermatol. 2022;61:1359-63.