CASE FOR DIAGNOSIS

Linear Exophytic Tumor on the Dorsum of the Tongue

Tumoración exofítica y lineal en el dorso de la lengua

Medical History

The patient was a 68-year-old man who presented with a 10-year history of a growth on the dorsum of the tongue. The lesion was asymptomatic, had not been previously treated, and had grown slowly and progressively. The patient had no relevant past medical history, smoked 20 cigarettes a day, used a dental prosthesis that he removed at night, and was undergoing treatment with nystatin mouthwashes (after meals) and omeprazole (20 mg/d).

Physical Examination

Examination revealed a coated tongue, and along the dorsal midline a pinkish, lobulated plaque with a shiny surface and rubbery consistency (Fig. 1). No lymphadenopathies were detected on palpation of the craniocervical region.

Additional tests

The following tests were performed: punch biopsy; culture in Sabouraud’s medium, which was positive for Candida albicans; and routine blood tests, which were normal, including negative HIV serology.

Histology

On histology, the mucosa exhibited marked acanthosis and papillomatosis, as well as an increase in the mitotic activity of the basal layer, with no alterations in cell polarity or maturation. A moderate lymphohistiocytic interstitial infiltrate and vascular ectasia were observed in the chorion (Fig. 2). Periodic acid Schiff (PAS) and PAS diastase staining revealed no fungal structures.

What Is Your Diagnosis?

Diagnosis is clinical, supported by a positive culture. The most commonly isolated species is *Candida albicans*, followed by *Candida glabrata*, *Candida tropicalis*, and *Candida parapsilosis*, although up to 10% of samples can contain 2 or more *Candida* species. In some cases a biopsy may be required to rule out neoplasia. PAS staining can be negative in up to 13% of cases, as *Candida* does not invade the epithelium and is lost during sample processing. The principal differential diagnosis is with squamous cell carcinoma and Abrikosoff tumor. Barret and coworkers observed a statistically significant association between moderate-severe epithelial dysplasia and the presence of fungi on staining with PAS; they therefore recommend screening with this staining method in this type of lesion. However, those authors were unable to state whether *Candida* exerts a pathogenic effect in these cases or merely colonizes previously altered tissue.

Treatment is usually topical, associated with the correction of predisposing factors; combined topical and oral therapy is reserved for highly recurrent infections or immunosuppressed patients. Surgical treatment may be useful in cases of persistent exophytic lesions, for which medical treatments are of limited effectiveness.

**Conflicts of Interest**

The authors declare that they have no conflicts of interest.

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**References**


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