**Diagnosis**—*Geographic tongue.* The patient’s parents were counselled about the benign nature of the condition. As the lesion was asymptomatic, no active treatment was prescribed.

**Discussion**—Geographic tongue, also known as benign migratory glossitis, lingual erythema migrans, or geographic stomatitis is defined as a benign condition of the tongue with a ‘map’-like area(s) of erythema, which is not constant in its shape, size, or location.

It is a relatively common condition, affecting about 1–2% of healthy population.¹,² The condition may sometimes cause a sore tongue but is usually asymptomatic, as in our patient. The map-like areas can also affect other mucosal sites, e.g. lips or palate.³

The diagnosis of this condition is based essentially upon typical history and presentation. However similar erythematous areas in the oral cavity may also represent erythroplasia, malignancy (e.g. squamous cell carcinoma, Kaposi’s sarcoma), candidiasis, lichen planus, lupus erythematosus or rarely hereditary mucoepithelial dysplasia,¹ as some of these diseases have more guarded prognoses, geographic tongue should be clearly distinguished.

Treatment is neither required nor effective, however topical retinoic acid solution had been used for geographic tongue.⁴ For patients with soreness, benzydamine hydrochloride (0.15% spray or mouthwash) may provide symptomatic relief. Patients need to be adequately counselled about the benign nature of condition to allay anxiety and to minimise unnecessary referrals.

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**Learning points**

1. Geographic tongue: an asymptomatic, erythematous ‘map’-like lesion, with recurrences revealing changing, migratory, geographic patterns
2. Idiopathic; some cases associated with psoriasis, type 1 diabetes, atopy, reactive arthritis, lithium therapy and HIV infection
3. Diagnosis essentially clinical; patients may need to be properly counselled so as to allay undue concerns about ‘oral cancers’

**References:**