



## **Geographic Tongue**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about geographic tongue. It tells you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is geographic tongue?**

Geographic tongue is a common condition that affects the surface of the tongue. It appears as red areas, usually surrounded by a white border. These red areas can move around the tongue, hence the alternative names include erythema migrans and benign migratory glossitis.

### **What causes geographic tongue?**

The cause of the condition is not known. It is not associated with any infection and cannot be passed on to other people. Geographic tongue is generally considered to be a variation in the normal appearance of the tongue, rather than a disease or abnormality. It occurs in approximately 1-2% of the population and affects men and women of all ages. Geographic tongue is less common in children

### **Is geographic tongue hereditary?**

This condition is often seen in members of the same family, but the genetic links are unclear.

### **What are the symptoms of geographic tongue?**

Often there are no symptoms at all. Some patients may notice a sore or sensitive tongue when eating spicy or acidic foods.

## **What does geographic tongue look like?**

Typically, there are red patches on the surface of the tongue. They often have an irregular outline and make the tongue look as if a map has been drawn on it, hence the name 'geographic tongue'. In most cases the red areas are surrounded by a white border. These patches may move around the tongue. They can however disappear altogether or return after a period of time.

## **How is geographic tongue diagnosed?**

In most cases, it is possible to diagnose a geographic tongue by taking a history and asking about the patches on your tongue. Your mouth and tongue is then examined. Occasionally the patches may not be present when you see your dentist, doctor or specialist. If this is the case, it may be useful to look at your tongue on different occasions, particularly if the patches change position. Some patients are able to provide a photograph of the patches on their tongue, which can be helpful. No special investigations are generally needed to diagnose geographic tongue.

Some patients with geographic tongue also have deep grooves on their tongue; this is known as a 'fissured tongue'. A small percentage of patients with geographic tongue may also have psoriasis on their skin.

Geographic patches, similar to those on the tongue, can appear in other parts of the mouth. These patches of 'erythema migrans' have been noted inside the lips and cheeks and occasionally on the palate (roof of the mouth).

## **Can geographic tongue be cured?**

There is no cure for geographic tongue.



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## Is geographic tongue serious?

Geographic tongue is a benign condition. It has no association with oral cancer.

## How can geographic tongue be treated?

Treatment is only necessary if your tongue is sore. Anaesthetic (analgesic) mouthwashes or lozenges may be helpful to numb the tongue before meals. Avoid mouthwashes containing alcohol and aim to use sugar-free lozenges.

## What can I do?

Avoid spicy or acidic foods, such as curries, chillies, citrus fruits, carbonated drinks, vinegars and tomatoes, if they make your tongue sore. Stop or cut down your smoking and confine your alcohol intake to recommended limits (no more than 14 units for men and women). Visit your dentist on a regular basis, as sharp teeth or broken fillings may irritate your geographic tongue.

Where can I get more information about geographic tongue?

<http://www.dentalhealth.org/tell-me-about/topic/mouth-conditions/geographic-tongue>

<http://www.webmd.boots.com/oral-health/guide/geographic-tongue>

*This leaflet has been prepared by the British and Irish Society for Oral Medicine (BISOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BISOM is not responsible for information on web sites where links are provided.*

*This leaflet is available online at [www.bisom.org.uk](http://www.bisom.org.uk)*

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