

Answer to “What is Your Diagnosis?” on p.22

Diagnosis: Caviar Tongue

There are a number of lingual vascular papular lesions that serve as cutaneous signs of systemic disease, from hereditary hemorrhagic telangiectasia (HHT) to the angiokeratomas of Fabry disease. In addition, sublingual varices and lymphangiomas may appear at the same site. In this case, the characteristic dilated round veins with typical localization and the absence of other systemic signs and symptoms were consistent with caviar tongue.

Caviar tongue is an age related vascular anomaly

Based on his observations on 700 patients William Bean defined this entity in 1952 and reported that these lesions could be seen after 4th decade and reach a prevalence of 70% by the 6th-7th decades. The two main sites they could be found were either under the tongue along sublingual veins or at the openings of sublingual glands. A third location might be posterolateral margins of the tongue. He could not detect any correlation with other vascular diseases (1). Since advancing age is a predisposing factor, tissue loosening and elastic tissue degeneration in the vessels were thought to have a role in the etiopathogenesis (2). The caviar lesion was thus commonly interpreted as a physiological change of the lingual veins, though it has been rarely reported in the literature.

Differential diagnosis includes both systemic and localized diseases. Hereditary hemorrhagic telangiectasia and Fabry disease can be differentiated by a detailed

history and thorough clinical and laboratory evaluation. In HHT macular or papular telangiectasias of the skin and oral mucosa typically appear after puberty, most commonly affecting the face, lips, tongue, palms and fingers. In addition to dermatologic signs, epistaxis, visceral vascular lesions and positive family history are required for a definite diagnosis. Oral lymphangiomas may be differentiated with the translucent papular mats and dorsal tongue localization. In caviar tongue, histology shows just a dilated vein without inflammatory changes (3). Sublingual varices which also represent abnormally dilated veins appear somewhat different clinically. They are composed of enlarged, tortuous, compressible widened nodule like areas at the ventral surface and lateral border of the tongue (4,5). Sublingual varices occur in up to 60% of individuals over the age of 60 and it has been found to be associated with increased venous pressure such as portal hypertension or superior vena cava syndrome (6). Due to increased prevalence with advanced age and similar histopathological features, both entities may have a common pathogenetic background which remains to be elucidated.

Since it is a common physiologic condition, therapy is not required. Patient reassurance is all that is needed.

Identification and diagnosis of caviar tongue is important to prevent unnecessary laboratory work-up

We think it is important to recognize this interesting and benign condition. Hence, diagnosis is straightforward saving time and money.

References

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