**Erythema Migrans**  
By Samantha Vinci  
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**Overview**  
Erythema Migrans translates to traveling redness. This term is interchangeable with Geographic Tongue, Benign Migratory Glossitis and Wandering Rash of the tongue. Erythema Migrans is a fairly common (4% prevalence), generally painless inflammatory disorder that mainly affects the anterior ⅔ of the dorsum of the tongue. This condition causes harmless red patches on tongue resembling small islands. These patches can be spread and are not only found on the tongue but other oral tissues as well; hence the name Erythema Migrans. This lesion is generally asymptomatic but can be symptomatic being that it is a spontaneous loss of filiform papillae which can cause sensitivity to spicy or acidic foods.

**Etiology**

The exact etiology is unknown, but the following factors have been linked with the condition: It occurs more commonly in patients with psoriasis, diabetes, anemia, atopy, asthma, eczema and contact allergy and could also be induced by stress. Erythema Migrans is a harmless, benign condition that is not linked to any type of infection or oral cancer.  
**Clinical Presentation**  
Erythema Migrans appears as one or more irregular, well-defined red areas, most commonly surrounded by a raised white margin on the dorsal surface of the tongue. These smooth red patches, often referred to as islands, can have be several shapes and sizes giving off the appearance of a map. These red islands are due to a localized desquamation with loss of the filiform papillae. Geographic tongue is also associated with fissured tongue in 40% of cases although the reasoning is unclear they are generally seen together clinically.

**Demographic**  
Erythema Migrans is more prevalent in whites and blacks than in Hispanics and two times more likely in females than males. It can occur in any age category but is more common in adults than children.

**Biopsy / Histology / Radiographs**  
In most cases the clinical findings are identifiable, and a biopsy is not rendered necessary.  
The histology is identified through the areas of Erythema Migrans with loss of keratin, neutrophils, lymphocyte and plasma cells infiltrate and intraepithelial micro abscesses (Assimakopoulos, 2002). Radiographically, Erythema Migrans is not seen.

**Differential Diagnosis**  
The differential diagnosis includes oral candidiasis, leukoplakia, vitamin deficiency glossitis, lichen planus, systemic lupus erythematosus, atopy, asthma, eczema, contact allergy, drug reaction, and recurrent aphthous stomatitis.

**Treatment**  
Erythema Migrans typically resolves on its own and does not require treatment but there are a few treatment methods available for those experiencing symptoms. This treatment includes over-the-counter pain relievers, mouth rinses with anesthetic, antihistamine mouth rinses for allergy induced, corticosteroid topical or rinses and Vitamin B supplements in the case of vitamin deficiency glossitis. These methods are to ease the pain of burning or stinging as well as sensitivity to spicy, acidic or salty foods that may be irritating the affected patient.

**Prognosis**  
Erythema Migrans is a benign condition and has never been reported as a malignancy. The only complication associated with this condition is the discomfort associated and its frequency to recur.

**Professional Relevance**  
As a dental hygienist it is always my goal to promote optimal oral hygiene. In treating a patient with Erythema Migrans I should also advise the patient to avoid contact with anything that could cause symptoms, such as spicy and acidic foods, alcohol, irritants in toothpastes and mouth rinses. This is something that is seen in the oral healthcare profession and I must be well versed on how to explain it to a patient as well as give them treatment advise if they are symptomatic. For example, being that alcohol is an irritant I should advise the patient to use an alcohol-free rinse until the condition resolves.

**Bibliography**  
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