

Editorial Note on Black Hairy Tongue

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Editorial

The term "black hairy tongue" refers to a disorder in which the filiform papillae of the tongue elongate and become discoloured black or brown, giving the tongue a black and hairy look. Although the appearance is disconcerting, the illness is completely innocuous. Smoking, xerostomia, a soft diet, poor oral hygiene, and certain drugs are all predisposing factors. Improving dental hygiene, particularly scraping, is one way to manage the condition. The tiny lumps on the tongue expand with black or brown discoloration, giving the tongue a black and hairy look. Although it appears to be a dangerous condition, it is not. Smoking, xerostomia, a soft diet, poor oral hygiene, and several medications are all predisposing factors.

Hairy tongue most commonly affects the centre region of the dorsal tongue, just anterior to the circumvallate papillae, but it can sometimes affect the entire dorsal surface. Hairy tongue is often accompanied by discoloration, which can be yellow, brown, or black. Aside from the looks, the illness is usually asymptomatic, though some people may suffer gagging or a terrible taste.

Melanoglossia is also a word for black discolorations on the tongue that aren't "hairs," which are similarly innocuous and unrelated to a black hairy tongue. The source is unknown, however it is considered to be caused by epithelial squames accumulating and chromogenic microbes proliferating. It's possible that keratin production could rise or natural desquamation would diminish. Many BHT patients are habitual smokers. Poor dental hygiene,

overall debilitation, hypo salivation, and a soft diet are all potentially contributing causes.

Antimicrobial drugs, oxidizing mouthwashes, and antacids have all been linked to BHT in the past. Food has an abrasive effect on the tongue, which maintains the filiform papillae short, therefore a soft diet may be involved. Pellagra, a niacin deficiency illness, can cause a thick greyish fur to form on the dorsal tongue, as well as other oral symptoms. In the absence of a hairy tongue, transient surface darkening of the tongue and other soft tissues in the mouth might develop. Smoking (or chewing betel), certain meals and beverages (e.g., coffee, tea, or liquorice), and some drugs (e.g., chlorhexidine, iron salts, or bismuth subsalicylate) are all potential causes (Pepto-Bismol)

Without the necessity for a tissue sample, the diagnosis is frequently made based on the clinical presentation. When biopsies are performed, however, the filiform papillae show significant elongation and hyperparakeratosis, as well as many bacteria developing on the epithelial surface. Hairy tongue is sometimes confused with hairy leukoplakia, which develops on the sides of the tongue and is caused by an opportunistic Epstein-Barr virus infection in the context of a compromised immune system (almost always human immunodeficiency virus infection but rarely other conditions which suppress the immune system). Because the illness is benign, treatment consists of reassurance followed by remedy of any underlying conditions. This could include quitting smoking or discontinuing or substituting implicated drugs or mouthwashes. Improved dental hygiene, particularly scraping or brushing the tongue before sleeping, are often direct ways to return the tongue to its usual appearance.

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