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CLINICAL ARTICLES

SELF-INFLICTED ORAL MUCOSAL LESION: MORSICATIO LINGUARUM

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Abstract

Morsicatio linguarum is an uncommon disorder caused by continuous biting of the tongue, generally the borders. It is usually found among people who are stressed or psychologically impaired. Clinically, morsicatio linguarum presents as a macerated grey-white patch or plaque of the lingual mucosa. It is frequently misdiagnosed as it is confused with other clinically identical lesions involving the lingual mucosa. In this report, a case of bilateral morsicatio linguarum in a 44-year-old male patient with a history of tongue biting is presented.

Keywords: *Morsicatio linguarum, bites, tongue.*

Introduction

Morsicatio is a condition caused by continuous chewing/biting of the lips (labiorum), tongue (linguarum), or buccal mucosa (buccarum) [1]. It is generally found among people who are psychologically stressed [1-3]. Clinically, it is characterized by a macerated grey-white patch or plaque of the mucosa [2]. The unspecific clinical features of morsicatio may lead to diagnostic difficulties. Its clinical differential diagnosis includes other oral white lesions such as pseudomembranous candidiasis, chemical or thermal burns, lichen planus, white sponge nevus, leukoedema, and oral hairy leukoplakia [4]. In this report, a case of bilateral morsicatio linguarum in a 44-year-old male patient with a history of tongue biting is presented.

Case Presentation

A 44-year-old male patient was referred to our specialized oral medicine clinic for evaluation of white lesions located at the borders of the tongue. He reported having noticed the right lesion many months ago and mentioned that he continuously bites his tongue and attributes this to the stress he experiences in his job. His medical history was unremarkable, and he was not on any medication. His physical examination revealed no extra-oral abnormalities. He has been smoking 20 cigarettes per day for more than 20 years. On clinical examination, the patient presented a thick white plaque with an irregular surface and discontinuous contour located bilaterally on the posterior-lateral borders of the tongue (Figure 1, 2). The lesions were biopsied under local anesthesia, fixed in 10% neutral buffered formalin, and sent for histological examination. The

histopathology report revealed increased thickness of the mucosal epithelium (hyperkeratosis) with orthokeratosis. Mild inflammatory infiltration was noticed in the subepithelial. Based on the lingual biting habit history, the clinical presentation, and the histological features, a diagnosis of morsicatio linguarum was made. The main treatment consisted of explaining to the patient the nature and etiology of the lesions and motivating him to avoid biting his tongue.

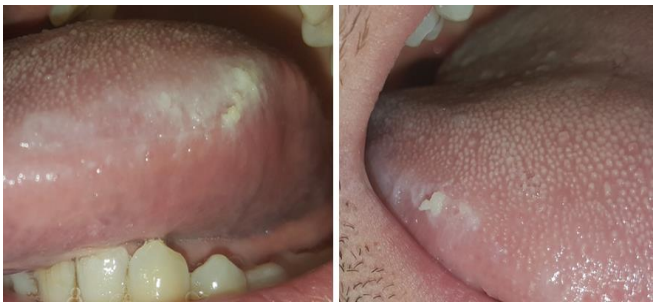

Figure 1, 2: Bilateral morsicatio linguarum

Discussion

A labial, lingual, or buccal biting or chewing habit can possibly be noticed during a routine oral examination and normally requires no treatment. Cooke (1956) [5] pointed out that when accentuated, this condition becomes pathologic and leads to a change in the mucous membrane structure. Morsicatio lesions are rarely documented in the scientific literature. They are considered one of numerous self-inflicted injuries involving the oral mucosa [1]. The lesions appear as superficial erosions with white and loose, detachable flaking areas. It is thought that the surface irregularity of the oral mucosa may contribute to the habit by the fact that the patient tries unconsciously to remove the roughness by biting it [6]. Morsicatio lesions regress once the biting stops and they are not considered to be potentially malignant [7, 8]. Their exact prevalence is unknown. No predilection concerning gender and ethnicity has been stated. Most of the cases were reported in the 2nd decade, and others were described in the 5th and 6th decades. Morsicatio buccarum is the most common, followed by morsicatio linguarum and morsicatio labiorum [9, 10].

Morsicatio can be confused with other white lesions affecting the oral mucosa, such as oral lichen planus, leukoedema, oral white sponge nevus, and oral hairy leukoplakia [4, 11]. A biopsy is necessary to prevent misdiagnosis and inappropriate treatment. Min and Park reported a case of morsicatio labiorum incorrectly treated by corticosteroid as it was misdiagnosed as a lichen planus thing that aggravated the patient's symptoms; after the histological diagnosis of morsicatio, the patient stopped the treatment and avoided the habitual biting, and the lesion regressed uneventfully [1].

The histopathological features of morsicatio lesions are characteristic. The epithelium shows hyperkeratosis with an irregular ragged surface at which bacterial colonies can often be present. Mild chronic inflammatory infiltration can be seen in the stroma [1-4]. In our case, identical histopathological features were found. The main treatment of morsicatio lesions is to advise the patients to stop biting their mucosa [1]. If they fail to avoid their habit, a mouthguard can be worn to allow the injured tissue to heal. Moreover, it is essential to determine the timing of the biting habit (during the day, while sleeping or at both times) in order to suggest when the mouthguard must be worn.

Conclusion

Morsicatio linguarum is a self-induced oral mucosal lesion with a challenging diagnosis. Biopsy is essential to making a correct diagnosis and applying the correct treatment, which consists of avoiding the tongue biting habit. Follow-ups are mandatory for optimal treatment outcome and recurrence prevention.

Declarations

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Consent statement: Written informed consent was obtained from the patient for the publication of this case report and accompanying images

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ԲԵՐԱՆԻ ԽՈՌՈՉԻ ԼՈՐՁԱԹԱՂԱՆԹԻ ԻՆՔՆԱՎՆԱՍՈՒՄ, MORSICATIO LINGUARUM

Ժորժ Աուն [1]

[1] Բերանի խոռոչի բժշկության և դիմածնոտային ճառագայթաբանության ամբիոնի պրոֆեսոր, Լիբանանի համալսարանի ստոմատոլոգիական բժշկության ֆակուլտետ, Բեյրութ, Լիբանան

Ամփոփում

Morsicatio linguarum-ը հազվագյուտ խանգարում է, որն առաջանում է լեզվի եզրերի անընդհատ կծելուց: Այն սովորաբար հանդիպում է սթրեսի կամ հոգեբանական խանգարում ունեցող մարդկանց մոտ: Կլինիկական առումով, morsicatio linguarum-ը դրսևորվում է որպես լեզվի լորձաթաղանթի գորշ-սպիտակ շերտ կամ ափսե: Այն հաճախ սխալ է ախտորոշվում, քանի որ այն շփոթվում է լեզվի լորձաթաղանթի հետ կապված այլ կլինիկական նույնական վնասվածքների հետ:

Այս զեկույցում ներկայացված է երկկողմանի morsicatio linguarum-ի դեպք 44-ամյա արական սեռի մոտ, որն առաջացել է լեզվի եզրերի անընդհատ կծելուց:

ПОРАЖЕНИЕ НАНЕСЕННЫЙ САМОМУ СЕБЕ СЛИЗИСТОЙ ОБОЛОЧКИ ПОЛОСТИ РТА: MORSICATIO LINGUARUM

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Резюме

Morsicatio linguarum - редкое заболевание, вызванное постоянным прикусыванием языка, как правило, его краев. Обычно встречается у людей, находящихся в состоянии стресса или с психическими расстройствами. Клинически morsicatio linguarum представляет собой мацерированное серо-белое пятно или бляшку на слизистой оболочке языка. Его часто неправильно диагностируют, поскольку его путают с другими клинически идентичными поражениями слизистой оболочки языка.

В этом отчете представлен случай двусторонней morsicatio linguarum у 44-летнего пациента с прикусыванием языка в анамнезе.