

## Hypertrophy Benign Fungiform Papillae : Clinical and Dermoscopic Features

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**Sir,**

We present a clinical report of hypertrophy benign fungiform papillae of the tongue ,describing the dermoscopic pattern of the lesions. This case is of significance because, although HBFP is not uncommon, it is not present in the medical literature.

A 24-year-old male patient consulted our department of dermatology for multiple erythematous papules, small with burning or tingling sensation of the tongue evolving for two weeks . The patient was taking Spicy foods and alcohol. She was of phototype IV. Examination of the oral mucosa showed the fungiform papillae were reddish or swollen and were present in a diffuse, symmetrical pattern, predominantly on the tip and lateral aspects of the dorsum of the tongue (Figure 1 ; a-b). No other physical abnormalities were found. Dermoscopy showed that the small papules corresponded to enlarged fungiform papillae and showed linear and pointed vessels in their central part and a pinkish collar around without pigmented in their central. (Figure1:c) The diagnosis of hypertrophy benign fungiform papillae was considered. The patient was reassured of the benign nature.



**Figure 1:** Case 1. (a-b) hypertrophy benign fungiform papillae of the tongue. (c) Dermoscopy: projections with dichotomized vessels originated in its base.

The hypertrophy benign fungiform papillae correspond to a benign change in the tongue characterized by an enlargement limited to fungiform papillae giving a dotted appearance [1,2]. It may be the result of a variety of causes, including a Spicy foods, very salty foods, or taking foods that have excess acids ,allergic reaction, smoking and other irritants, or infection. Most of the time, these reasons aren't serious. They are presented with The papillae reddish or swollen located on apex and sides of the tongue.A patient with this condition experiences burning or tingling sensation on tongue [1,2].

In recent years, dermoscopy has proven quite useful in the diagnosis of skin and mucous membrane pigmented lesions. Also applied to the evaluation of lesions of oral mucosa, this technique allows not only the diagnosis but also the monitoring of lesions [3]. Until now, there have been no publications defining dermoscopic patterns characteristic of hypertrophy benign fungiform papillae, our case is the first in the literature. More studies are necessary.

The hypertrophy benign fungiform papillae is usually benign there is no need to treat it, neither has any treatment been reported. However the measures of prevention are necessary for the patient who smoke or take certain foods believed to cause the enlargement [4,5].

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