Glossitis, or inflammation of the tongue, occurs in a heterogeneous group of disorders. Patients complain of pain, irritation or burning, hypogeusia, or dysgeusia. Treatment consists of correcting any underlying etiology, recommendation of a soft, bland diet, and analgesics.

Atrophic glossitis, characterized by filiform de-papillation, ranges from a mild and patchy erythema to a completely smooth, atrophic, beefy-red surface. Etiology includes pernicious anemia, protein and other nutritional deficiencies (iron, vitamin B12, riboflavin, or niacin), chemical irritants, drug reactions, amyloidosis,
sarcoidosis,
vesiculobullous
diseases, oral
candidiasis
and systemic infections. Moeller or Hunter
glossitis
of pernicious anemia affects the lateral aspects and tip of the tongue, respectively. Median rhomboid
glossitis
is an atrophic disorder of the tongue secondary to chronic candidiasis.

Trauma from biting, hot foods, or irritation due to sucking on hard candies may cause inflammation of individual filiform papillae. This exquisitely painful condition may be missed unless careful inspection is undertaken. Elimination of the underlying trauma may be necessary for resolution.

Geographic tongue, a benign inflammatory condition, affects 2 percent of the population. Loss of filiform papillae and erythematous plaques with an annular or serpiginous well-demarcated white border are seen. Recurrences reveal a changing geographic appearance. The increased prevalence in patients with more severe or early onset psoriasis and identical histologic findings supports the hypothesis that geographic tongue may be a form of intraoral psoriasis. Treatment with topical corticosteroids and analgesics is reserved for symptomatic patients. Geographic tongue is seen in Reiter syndrome and is associated with atopic dermatitis, diabetes mellitus, anemia, hormonal disturbances, Down syndrome, and lithium therapy.