

Median Rhomboid Glossitis

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Median rhomboid glossitis is present in about 1% of the population and most often affects men between the ages of 30 – 50 years of age. It typically



presents as an ovoid area about 2 – 3 centimeters long in its longest dimension (see Right). As most cases of median rhomboid glossitis are without symptoms, it is often first noticed by the dentist during a routine examination. However, some patients may experience a burning sensation when eating certain foods. Median rhomboid glossitis is currently thought to represent a chronic fungal (candidiasis) infection in this area of the tongue (see [PATIENT INFORMATION SHEET - Oral Yeast Infections](#)

). Sometimes a “kissing” lesion develops on the palate, directly opposite from the tongue lesion. This is more common in people whose immune system is suppressed and is believed to result from the fungal organisms on the top of tongue being transferred to the palate during swallowing and similar movements.

Questions and Answers about Median Rhomboid Glossitis

Q: How is median rhomboid glossitis diagnosed?

A: Median rhomboid glossitis is usually readily diagnosed by your dentist based upon its rather characteristic appearance. In some cases, your dentist may recommend further testing to confirm the diagnosis and rule out other conditions.

Q: What is the treatment for median rhomboid glossitis?

A: In general, no treatment is necessary for median rhomboid glossitis. For those with symptoms (pain or burning sensation), an antifungal medication may be prescribed to kill the yeast and thereby reduce the symptoms. For cases of median rhomboid glossitis that do not respond to antifungal therapy, the dentist may recommend a biopsy be performed. Finally, while the lesion may resolve completely after using antifungal medication, it may recur once the medication is stopped.

Q: Is median rhomboid glossitis contagious?

A: Median rhomboid glossitis is not contagious and cannot be transmitted.

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