
FEBRUARY IOTADERMA (#300)

Other than on a pool table (or maybe during an undergraduate physics course lab exercise) when and why might a dermatologist encounter a “billiard ball?”

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Answer will appear in the JAAD Online section of the March issue of the Journal.

JANUARY IOTADERMA (#299)

Question: Do you know what a “glass tongue” is, and with what disease it is classically associated?

Answer: Glass tongue (also called bald or varnished tongue) is an old clinical name for a rather rare manifestation of tertiary syphilis. The clinical features are due to deep and destructive gummas, often associated with an endarteritis of the lingual vasculature.¹⁻³ It is also known as atrophic luetic glossitis. On examination the tongue is noted to be smooth and lacking any papillae, is “shiny,” somewhat whitish in coloration (hence “glass”), occasionally lobulated or scalloped, and sometimes can be indurated on palpation.⁴ The latter is felt to be due to the presence of multiple deep gummatous lesions. This atrophic clinical display is a pathognomonic indicator of tertiary lues. The tongue may return to normal after appropriate treatment for the syphilis. This clinical picture can, of course, mimic the findings noted in the tongue in other systemic conditions such as anemias and celiac disease.

REFERENCES

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