

Official Statement on ‘COVID tongue’ from the American Academy of Oral and Maxillofacial Pathology

This statement is in response to a recently-circulated article published in NBC News (<https://www.nbcnews.com/health/health-news/covid-tongue-may-be-another-coronavirus-symptom-british-researcher-suggests-n1256078>), documenting a series of cutaneous and oral mucosal findings in individuals diagnosed with COVID-19. The oral mucosal findings reported in this study have been categorized as ‘COVID tongue.’ The authors included two intraoral photographs in this report, which have been reproduced below. The left image documents **crenated tongue**. Crenations are the scalloped grooves on the lateral surfaces of the tongue, which may be caused by rubbing of the tongue against adjacent teeth. The right image documents **geographic tongue**. Geographic tongue, also known as benign migratory glossitis or erythema migrans, describes depapillated red central regions with white, tan, or yellow-colored borders, which may be serpentine or scalloped. Areas of geographic tongue usually disappear and reappear on their own. They are benign and patients are typically asymptomatic, although some people may endorse a burning sensation associated with certain foods and beverages.



There is no clear causal association between the oral findings reported here as ‘COVID tongue,’ and COVID-19 infection. The oral lesions described in this study represent exceedingly common oral conditions that are not specific to COVID-19 infection. As our knowledge base continues to expand, new data may support an association between oral mucosal pathologies and COVID-19 infection. To date, some potential COVID-19 associated oral lesions and complaints include (but may not be limited to) aphthous-like oral ulcerations, strawberry tongue, and dysgeusia (altered taste sensation).

If a patient has concerns about any oral mucosal lesions, our organization recommends seeking evaluation by a trained oral and maxillofacial pathologist or any other appropriately-trained dentist and/or dental specialist.

Signed,

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References:

1. Brandão TB, Gueiros LA, Melo TS, et al. Oral lesions in patients with SARS-CoV-2 infection: could the oral cavity be a target organ? *Oral Surg Oral Med Oral Pathol Oral Radiol* 2020.
2. Halepas S, Lee KC, Myers A, et al. Oral manifestations of COVID-19 related multi-system inflammatory syndrome in children: a review of 47 pediatric patients. *J Am Dent Assoc* 2020.
3. Lozada-Nur F, Chainani-Wu N, Fortuna G, et al. Dysgeusia in COVID-19: Possible mechanisms and implications. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2020; 130(3):344-6.