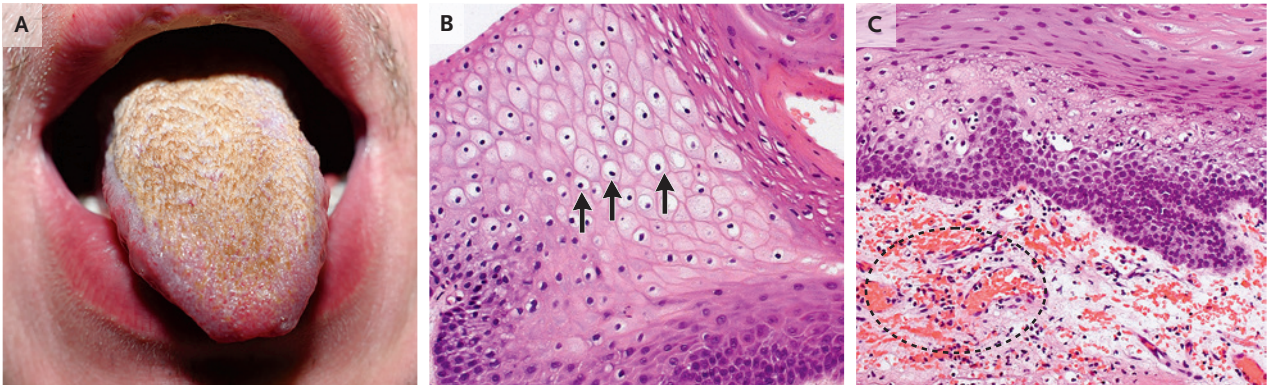


IMAGES IN CLINICAL MEDICINE

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Oral Hairy Leukoplakia



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A 38-YEAR-OLD MAN WITH A HISTORY OF KIDNEY TRANSPLANTATION PRESENTED to the dermatology clinic with a 2-week history of burning, hairy lesions on his tongue. His medications included tacrolimus and mycophenolate mofetil. Physical examination was notable for elongated, discolored papillae on the tongue (Panel A). The hairlike lesions were tender but not removable with tongue scraping. A swab of the tongue was negative for fungal organisms by microscopy and culture. A biopsy of the tongue showed vacuolated keratinocytes (arrows) and keratohyalin granules (Panel B), as well as parakeratosis and hyperkeratosis of the superficial epithelial layer with a dense dermal inflammatory infiltrate (circle, Panel C). A polymerase-chain-reaction assay of a tongue swab was positive for Epstein–Barr virus (EBV). A diagnosis of oral hairy leukoplakia was made. Oral hairy leukoplakia is a rare manifestation of EBV reactivation that predominantly occurs in immunocompromised patients. The diagnosis can be made clinically. Owing to the benign and typically asymptomatic nature of the condition, treatment is usually supportive. In this case, treatment with oral valacyclovir — in addition to counseling on smoking cessation and use of oral disinfectants — was prescribed to expedite resolution of the tongue lesions. At the 2-week follow-up, the tongue lesions had abated.

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