



# Geographic tongue

**This leaflet has been designed to improve your understanding of any forthcoming treatment and contains answers to many of the commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation, please ask.**

## What is geographic tongue?

Geographic tongue is a common benign (non-cancerous) condition. The upper surface, sides and occasionally the under surface of the tongue develop irregular, smooth red patches which may look like the outline of a map. There are usually wavy white lines next to the red patches. There may also be cracks, splits or fissures over the surface of the tongue. You may notice that after a few weeks or months the positions of these lines and red patches change. In most cases, geographic tongue is symptomless; however, spicy or acidic food may cause soreness or sensitivity.

## Why does it happen?

The cause of geographic tongue is not known. It is considered to be a variation in appearance of the tongue rather than a disease. It may also follow in families.

Geographic tongue is not infectious and can affect all age groups. It is not a cancer risk.

## How is it treated?

Treatment is only required if the tongue is sore. Avoid sodium Laurel Sulphate based toothpastes. Mouthwashes or sprays such as Difflam or Gengigel can be used to numb the area prior to eating to ease discomfort. A blood test may be carried out to rule out anaemia or a zinc deficiency. Avoid foods which make the area sore. Smoking and alcohol can make symptoms worse so avoid if possible. If symptoms are severe, sometimes a steroid mouthwash will be prescribed by the doctor in our clinic, this can help reduce inflammation and soreness but is not a cure.

## Contacting us

Oral & Maxillofacial Department, Tel: 0118 322 7139 or email: [rbb-tr.cat1@nhs.net](mailto:rbb-tr.cat1@nhs.net)

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

RBFT Department of Oral & Maxillofacial Surgery, May 2024

Next review due: May 2026