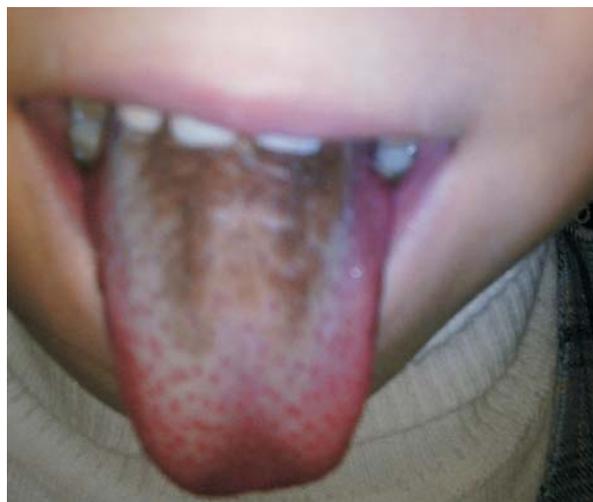


## Black Tongue Due to Lansoprazole Plus Metronidazole

A 6-year-old girl was prescribed Metronidazole (20 mg/kg/day) plus lansoprazole (2 mg/kg/day) for *Helicobacter pylori* infection. At the second week, the child had black discoloration on tongue (**Fig. 1**) following the cessation of drugs. The black discoloration resolved in a week.

Superficial transient discoloration of the dorsum of the tongue may be caused by some foods, beverages and drugs (such as iron salts, bismuth, chlorhexidine, lansoprazole, amoxicillin, clarithromycin). When such discoloration noticeably affects the posterior dorsum of the tongue with longer filiform papillae and stained dark brown or black, the term 'black hairy tongue' is used. Black tongue (lingua nigra) refers to a black discoloration of the tongue, which may or may not be associated with hairy tongue



**FIG 1.** Black discoloration of tongue in patient.

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## Purple Glove Syndrome Following Intravenous Phenytoin

Purple glove syndrome – characterized by purple discoloration and painful swelling of the hands like a glove – is an uncommon complication of intravenous phenytoin administration. A 1-day-old term asphyxiated neonate developed purple discoloration of hand 10 minutes after intravenous infusion of phenytoin, given for control of convulsions. The bluish purplish swelling of the hand extended up to elbow with ill-defined margin (**Fig. 1**). There was no tenderness, blistering, purulent discharge or mottling, Sensation and movements were normal. Oxygen saturation was 94% with low volume pulse and capillary refill time of 4-5 seconds. The color improved within 30-40 minutes of arm elevation and dry warm compresses. Complete recovery occurred in 72 hours.



**FIG.1** Purple discoloration with edema of right hand and forearm like a glove.

Differential diagnosis of purple glove syndrome includes cellulitis, necrotizing fasciitis and fluid extravasation. There was no discharge, bullous formation or tenderness, thereby ruling out cellulitis and necrotizing fasciitis. Intravenous fluid extravasation induces gradual edema with or without erythema.

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## Herpetic Gingivostomatitis

A 6-year-old girl was brought to our hospital with swelling of lower lip, along with blackish discoloration; the upper lip and the gingiva were also involved. The lower lip was swollen along with areas of erosion, crusting and necrosis (**Fig. 1**). The parents revealed that the lesion started as small vesicles in her lips and gingiva couple of days ago. The girl complained of burning sensation, tingling and difficulty in swallowing along with foul breath. On examination, there were few tiny vesicles grouped on an erythematous base; the major part of lips was swollen and covered with blackish necrotic crusts and erosions (**Fig. 1**). The tongue, tonsils and posterior pharynx were not involved. The rest of the skin, mucosa and systemic examination were non-contributory, except for cervical lymphadenopathy. Tzanck smear examination from an intact vesicle showed multinucleate, epidermal giant cells.

A diagnosis of herpetic gingivostomatitis was made, and she was prescribed oral acyclovir, paracetamol and topical anaesthetic gel. The symptoms subsided and her lips and gum were almost normal after 7 days (**Fig. 2**).

Herpetic gingivostomatitis, caused by HSV-1, develops particularly in children and young adults. The major differentials are drug induced mucositis (history of exposure to offending drug), Stevens-Johnson syndrome (exposure to offending drug, target lesions), streptococcal infection, aphthous stomatitis (canker sores) and Diphtheria (involvement of tonsillar pillars; pseudo membrane). Tzanck smear findings and the remarkable response to acyclovir confirmed the diagnosis of Herpetic gingivostomatitis in our case.



**FIG. 1** Herpetic gingivostomatitis.



**FIG. 2** Post-treatment photograph showing almost complete resolution.

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