

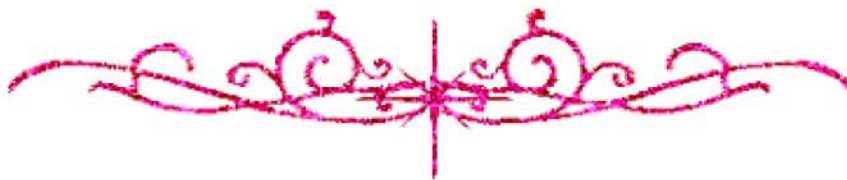
بسم الله الرحمن الرحيم



HOSSAM MAGHRABY



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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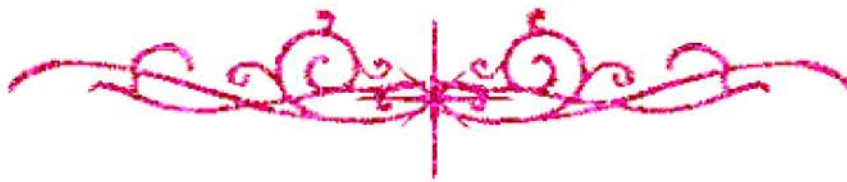


A decorative flourish in red ink, consisting of a central vertical line with symmetrical, flowing, scroll-like patterns on either side.

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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات

لم ترد بالأصل



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**A PROSPECTIVE STUDY FOR THE
PREVALENCE
OF GEOGRAPHIC TONGUE
IN AN EGYPTIAN POPULATION SAMPLE**

Thesis

Submitted in Partial Fulfillment of the Requirements for
Master Degree

In
Oral Medicine and Periodontology

By

Weam Ahmad Maher Rashwan

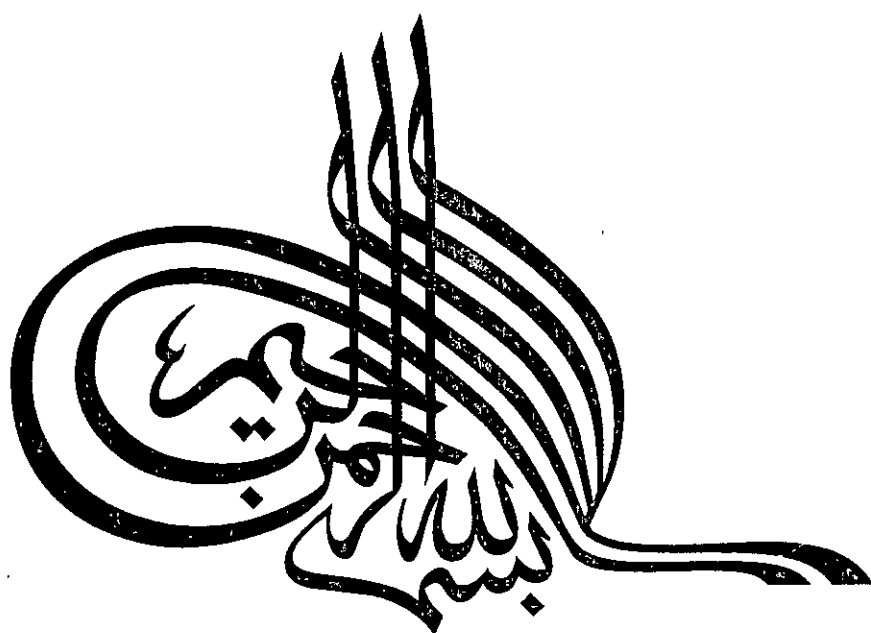
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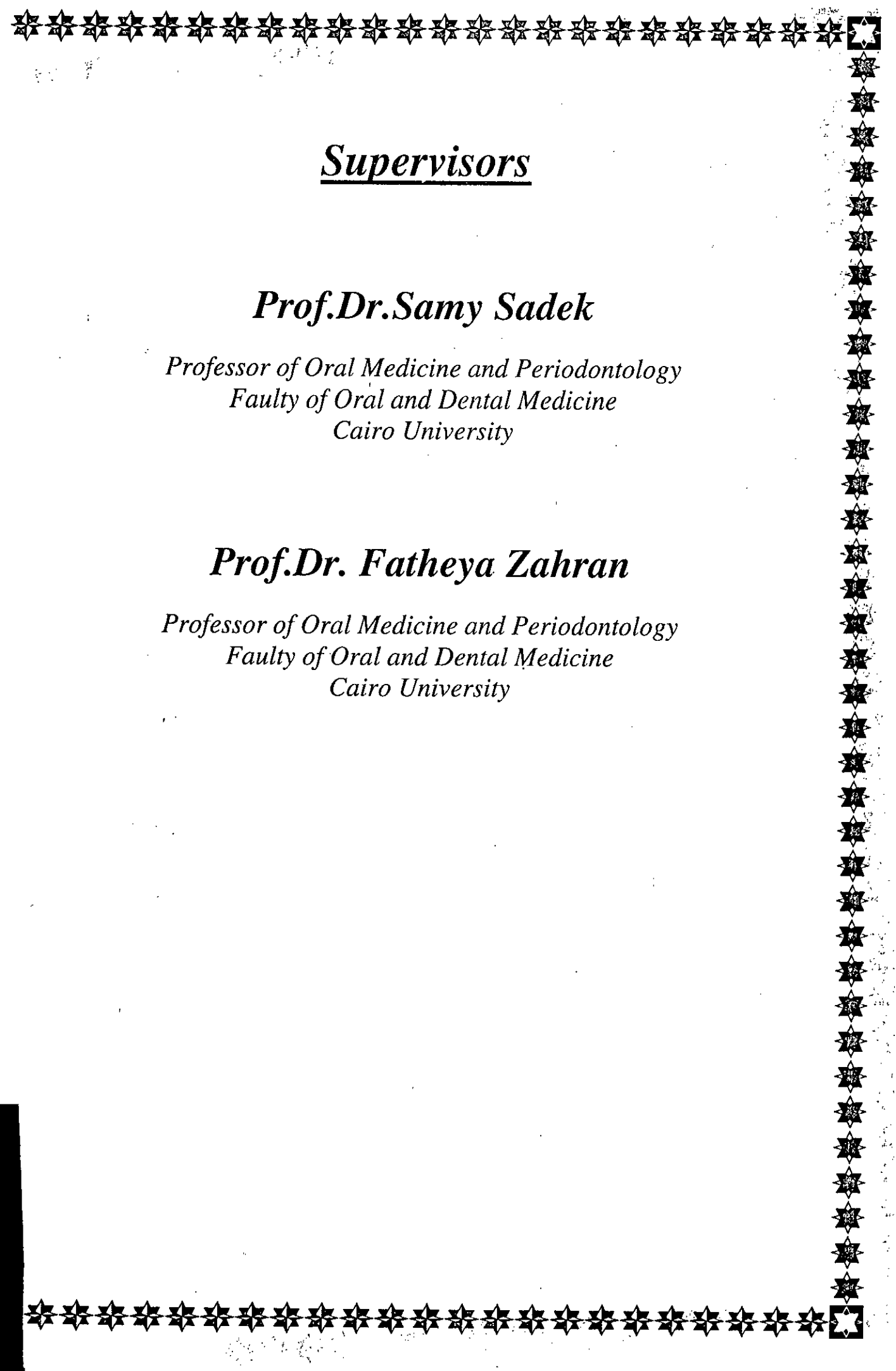
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Arabic Summery	...

INTRODUCTION

INTRODUCTION

Geographic tongue (benign migratory glossitis) is a condition that is well recognized but often overlooked in the community (*Marks and Czarny, 1984*).

It is a common benign inflammatory condition that usually affects the dorsal and lateral borders of the tongue. The condition is characterized by the evanescent loss of the filiform papillae and an associated inflammatory edema. This leads to the clinical appearance of red, atrophic patches surrounded by white raised borders in typical cases. Atypical cases vary from a localized atrophy of papillae, giving a small red patch, to a single raised white area. Although the red patches rapidly grow and coalesce, the filiform papillae rapidly grow returning the area to its normal appearance. The ever changing pattern of papillae loss and regrowth accounts for the name "migratory". Also, this changing pattern is so rapid that daily differences can be noted in the map like pattern of the lesion (*Marks and Czarny 1984; Neville and Brad, 1991*).

Although geographic tongue usually affects the dorsal and the lateral surfaces of the tongue, involvement of the ventral tongue surface and other oral mucosal sites is also seen but much less frequently. These lesions, however, have the same migratory pattern as the tongue lesions, presenting as atrophic, erythematous patches, usually with a raised, circinate white border (*Neville and Brad, 1991*).

The prevalence of geographic tongue in most studies is in the range of 1-3% of the general population. Various age groups can be affected with no apparent racial predilection! However, the condition appears to be more common in females, with reported female to male ratio of 5:3, and 2:1 (*Banoczy et al., 1975; Kleinman et al., 1991; Neville and Brad, 1991*).

Etiology of geographic tongue is still unknown, although a family history or association with stress or atopy may be seen. Some consider the condition to be a congenital anomaly; others believe it to represent an acute inflammatory reaction. Attempts have been made to demonstrate an association between geographic tongue and the different systemic diseases and/or psychological conditions. These conditions include psoriasis, Reiter's syndrome, gastrointestinal disturbances, nutritional deficiencies, hormonal imbalance and psychological upsets. Genetic influences are also believed to play a role in the pathogenesis of the condition (*Redman et al., 1966,1972; Wethers et al., 1974; Banoczy et al., 1975; Marks and Czarny 1984; Van der Wal et al., 1988; Neville and Brad, 1991; Sigal and Mock, 1992; Ferneli et al., 1993*).

Since epidemiologic literature concerning oral mucosal lesions is sparse, and no Egyptian national data concerning any of the tongue lesions has been reported, it was found useful to analyze data on one of the most common tongue lesions, which is geographic tongue

REVIEW OF LITERATURE