CR35

Lingua villosa nigra – a case report

Matea Smajić[a], Petra Smajić[a,b], Nika Pušeljić[a], Ivanka Muršić[a,c], Lada Zibar[a,d]

[a] *Faculty of Medicine, J. J. Strossmayer University of Osijek, Osijek, Croatia,*
[b] *Clinical Hospital Centre Osijek, Department of Infectious Diseases, Osijek, Croatia*
[c] *Clinical Hospital Centre Osijek, Department of Dermatology and Venereology, Osijek, Croatia,*
[d] *University Hospital Merkur, Department of Nephrology, Zagreb, Croatia*

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Matea Smajić 0000-0001-7448-3349, Petra Smajić 0000-0002-7015-713X, Nika Pušeljić 0000-0002-0626-4651, Ivanka Muršić 0000-0003-3247-1002, Lada Zibar 0000-0002-5454-2353

Keywords: COVID-19, ertapenem, immunosuppression, lingua villosa nigra

INTRODUCTION/OBJECTIVES: Lingua villosa nigra (LVN) is benign hairy appearance of the dorsal surface of the tongue, caused by defective desquamation and reactive hypertrophy of the filiform papillae. It is mostly related to poor oral hygiene, antibiotics, smoking and specific food/drink.
CASE PRESENTATION: 54-year old kidney transplant patient experienced hairy tongue changes after a mild form of COVID-19 (coronavirus disease). After the kidney transplantation in 2020, she takes immunosuppressive drugs (tacrolimus and mycophenolate mofetil), have excellent kidney function (creatininemia 60 μmol/L) but suffers from recurrent urinary tract infections (UTIs). During her COVID-19,she was treated with ertapenem for an UTI relapse. Two days after the therapy cessation, she noticed hairy brown changes on her tongue after feeling as a food stuck on the surface of the tongue. LVN caused by fungal infection was diagnosed. She is a cigarette smoker, takes a glass of red vine and a cup of black coffee daily. She does oral hygiene regularly. LVN was treated by peroral fluconazol 50 mg daily and myconazolnitrate oral gel topically for 7 days, with gentle scraping of the tongue and the changes withdrew except at the tongue root. However, after she stopped taking the therapy, the LVN relapsed.
CONCLUSION: We presented a rare case of LVN in kidney transplant immunosuppressed patient. Ertapenem in combination with her daily habits could have induced LVN and fungal infection of the tongue. Persistence of this condition is usual, thus it is important to take a long lasting antifungal therapy and scrap the tongue regularly.

CR36

Long lasting tinnitus and vertigo as a result of a facial nerve anomaly – A CASE REPORT

Marinko Grgić[a], Marin Glavčić[b], Kristijan Harak[c]

[a] *Health Center of Varaždin County*
[b] *Institute for Emergency Medicine of Split-Dalmatia County*
[c] *Health Center of Zagreb County*

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Marinko Grgić 0000-0003-2402-7147, Marin Glavčić 0000-0002-9065-4010, Kristijan Harak 000-0002-1501-1955

Keywords: stapedotomy, tinnitus, vertigo

INTRODUCTION/OBJECTIVES: A 34-year-old patient was admitted to a general practice due to tinnitus and vertigo. After no pathological features were found during the examination in primary practice, he was referred to an otorhinolaryngologist.
CASE PRESENTATION: The patient presented for the first time with occasional tinnitus, dizziness, and vertigo lasting for eight months. The patient was examined by an otorhinolaryngologist who found a swollen nasal mucosa and a deviated septum and began treating the case as chronic nasopharyngitis with nasal corticosteroids. The audiogram did not show hearing loss. Magnetic resonance imaging with angiography did not detect any pathological formations. At that time, further examination was suggested, but the patient is not inclined to do so due to subjective improvement. Two years later, the patient reports to the doctor again due to left-sided hearing loss. The cochleaostapedal reflex was absent and the audiogram showed mixed hearing impairment on the left. Due to this finding, it was decided to perform an exploratory procedure of the left ear and a possible stapedotomy due to the suspicion of otosclerosis. During the procedure, an anomaly of the facial nerve was observed, which was positioned over the stapes plate. A stapedotomy is abandoned and the perichondrium of the tragus is taken and an underlay was placed. On a control audiogram three weeks after surgery, the patient's hearing improved with mild persistence of mixed hearing loss.
CONCLUSION: Although facialis anomaly is not common, it can cause conductive hearing loss, and this possibility should be considered in differential diagnoses.