

# Tongue necrosis

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## CASE REPORT

A 74-year-old woman with no medical history was admitted to the emergency room with sudden blindness of the left eye. The previous days she had suffered from a painful and swollen neck, jaw claudication and mild temporal headache. Two days before admission she felt a numbness on the left side of her tongue. Physical examination showed dysarthric speech and oedema of the skin and neck. There was a normal consensual response but no direct response with examination of the left pupillary reflex. Blood results revealed elevated ESR (114 mm/h), thrombocytes (750/nl), WBC (17.8 /nl) and CRP (300 mg/l). Ophthalmological examination showed a pale optic disc in the left eye, caused by a central retinal artery occlusion (CRAO). Two days later, the patient suffered from pain when moving her tongue during eating and speaking. We saw progression of the dysarthric speech and a left-sided deviation of the tongue with a blue discoloration, which progressed during the day (*figure 1*). After a couple of days there was a demarcated necrotic aspect on the left side of the tongue with a greyish discoloration (*figure 2*).

## WHAT IS YOUR DIAGNOSIS?

See page 203 for the answer to this photo quiz.

**Figure 1.** Tongue necrosis, two days after admission to the hospital



**Figure 2.** Tongue necrosis after demarcation

