

[ PICTURES IN CLINICAL MEDICINE ]

## Hunter's Glossitis

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**Picture.**

A 79-year-old Japanese man presented with general malaise and a loss of appetite. His mental status was intact. He had undergone distal gastrectomy for cancer 24 years previously. After the operation, he did not undergo any regular checkups. Two days prior to presentation, he went to another clinic and a multivitamin fluid was injected. His tongue was highly atrophic and looked red and smooth (Picture). There were no neurological findings. Laboratory tests revealed pancytopenia with megaloblastic anemia (hemoglobin level of 6.5 g/dL and mean corpuscular volume of 137, a white blood cell count of 3,470/ $\mu$ L, and a platelet count of  $3.8 \times 10^4$ / $\mu$ L) and an increased lactate dehydrogenase level of 330 IU/L. The vitamin B<sub>12</sub> level was 539 pg/mL, probably

being modified because of preceding multivitamin fluid. The homocysteine level was elevated to 17.0 mmol/L, which suggested a vitamin B<sub>12</sub> deficiency (1). A diagnosis of post-gastrectomy vitamin B<sub>12</sub> deficiency was thus made. The intravenous administration of 500  $\mu$ g vitamin B<sub>12</sub> a day was started, and his appetite thereafter improved within a few days. Although the patient did not formerly complain about dysgeusia, he reported that his sense of taste improved after receiving the above treatment.

Lingual atrophy with diffuse erythema is a typical presentation of Hunter's glossitis. The detection of oral lesions is crucial to the diagnosis because its onset may precede neurologic symptoms and macrocytic anemia (2).

**The author states that he has no Conflict of Interest (COI).**

### References

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