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Case Report

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MORSICATIO LINGUARUM: A CASE REPORT

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ABSTRACT

Morsicatio is a condition caused by habitual chewing of the lips (labiorum), tongue (linguarum), or buccal mucosa (buccarum). Clinically, it often produces lesions caused by pieces of the oral mucosa torn free from the surface. The condition is generally found among people who are stressed or psychologically impaired. Most patients with this condition are not even aware of their biting habit. The primary treatment strategy would be identification of the cause, treatment with anxiolytics and identification of the relevant psychosocial of interpersonal stressors precipitating the disorder. We present a case report of a middle aged female who was referred from a dentist with chronic tongue chewing.

KEYWORDS: Tongue biting, stress, psychiatric disorders, treatment, SSRIs, Behaviour therapy

INTRODUCTION

Morsicatio linguarum refers to chewing of the borders of the tongue, 'Morus' being the Latin word for bite [1]. Patients with this condition have a compulsive neurosis that causes habitual tongue or lip biting.[2].It is caused by chronic injury to the mucosa. This disorder is little known to psychiatrists because patients present largely to dentists and dermatologists.[2] The condition is generally found among people who are stressed or psychologically impaired.Tongue biting or chewing would come under other habit and impulse disorders characterised by repeated maladaptive behaviour that are not secondary to a recognized psychiatric syndrome, and in which it appears that there is repeated failure to resist impulses to carry out the behaviour [3]. There is a prodromal period of tension with a feeling of release at the time of the act.

There are many reports available on the dermatological, dental and pathological aspects of these lesion.[2,4-8] but the psychiatric literature in this regard is scarce.[9] We present here a case of middle aged woman with repetitive tongue chewing who had initially presented to a dentist with tongue lesions but was referred to us due to the associated psychopathology.

CASE REPORT

A middle aged female was referred from the dental OPD with repetitive tongue chewing since the last two months, having led to injury in the lateral borders of the tongue (Figure). The patient described the movements as beyond her control and said that would stop only during voluntary activity such as talking, eating and would reduce during sleep. She did not report any urge to chew her tongue nor did was there any evidence of relief from tension upon chewing her tongue. As per the patient, she would not even be aware that she was doing it until someone pointed it out to her. There was history of ongoing familial discord since the last few months .History did not reveal any depressive or anxiety features. There was no past or family history of psychiatric illness.

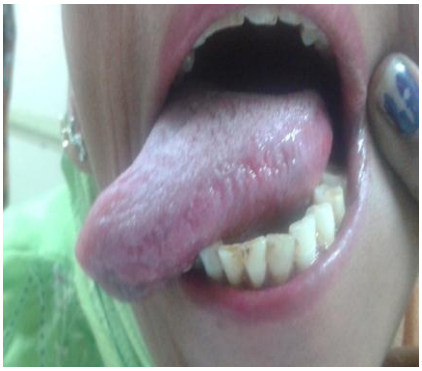
On examination patient was conscious, oriented in time, place and person and had normal vitals. There was no significant finding on general physical, systemic or central nervous system examination. Examination of the oral cavity revealed bilateral bluish lesions on the lateral border on the tongue and lesion on the tip of the tongue as well.

Mental status examination revealed an average built middle aged well groomed woman with normal psychomotor activity. Speech was normal in rate, tone and volume. Affect was euthymic. There was no abnormality in perception and other higher mental functions.

A primary diagnosis of habit and impulse disorders was kept and a differential diagnosis of other and tics disorders was made as per ICD -10 diagnostic criteria [10].

The patient was started on capsule fluoxetine 20mg once a day .The psychosocial stressors were discussed in detail with the patient and problem solving strategies

were taught. Relaxation exercises were taught to the patient .The patient was asked to follow up every two weeks. During follow up after eight weeks, there was total remission of habit of tongue biting.



Figure

DISCUSSION

In the aforementioned case,primary diagnosis of habit and impulse disorders was kept keeping in mind the nature of the act and the presence of stressors .A differential diagnosis of tic disorders was kept as the patient did not describe any urges or a sense of relief .

Habits are defined as persistent and repetitive behaviours that do not serve any apparent social function and are fairly prevalent in the general population.[11] They occur primarily in periods of tension leading to decease in perceived anxiety, thus negatively reinforcing the cycle.[12]

Thus, one of the prime treatment modalities is habit reversal training.[13] HRT is a multicomponent behavioural intervention designed to reduce the manifestations of habit-based disorders. Conceptualized by Azrin and Nunn.[14] the original HRT package included 11 major techniques organized in five phases: (a) awareness training, (b) relaxation training, (c) competing response training, (d) motivation procedures, and (e) generalization training.

Main pharmacological agents of choice are SSRIs .Mood stabilizers, antipsychotics have found to have minimal benefit. The aforementioned patient was started only on SSRI, fluoxetine, to which she completely responded.

CONCLUSION

Morsicatio Linguarum or tongue chewing occurs in response to stressful conditions in a person's life. But often the psychiatric aspects are ignored and only the presenting complaints of the patient that are lesions of the tongue are dealt with. A biopsychosocial approach should be adopted and psychiatrists should work in liaison with dermatologist and dentists for the wholesome management of such cases.

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