



Tardive Dyskinesia Presenting as a Tongue Ulceration

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A 56-year-old female with schizophrenia presented for evaluation of a tongue ulceration (left photo). The patient reported having repetitive, involuntary, protrusion of her tongue for at least three years. The patient was otherwise healthy, denied smoking or alcohol abuse, and was taking quetiapine for schizophrenia. Physical examination revealed poor dentition and a 20 mm by 10 mm tongue ulceration. Lymphadenopathy of the neck was not detected. Biopsy of the lesion showed reactive inflammation without evidence of malignancy. Dental care was provided and the quetiapine dose was reduced. Two months later, the lesion disappeared (right photo). Her involuntary movement, however, only mildly improved.

Patients with affective disorders appear to be at higher risk of developing tardive dyskinesia than those with schizophrenia.¹ Tardive dyskinesia typically starts after months or years of treatment with antipsychotics. Any part of body can be affected and may be manifested as a wide range of movements including myoclonic jerks, tics, chorea, and dystonia. However, it usually consists of involuntary movements involving the muscles of the tongue, lips, mouth, or face. With continuing antipsychotic treatment, the disorder can increase in severity and be irreversible.²

References

- ¹ Kane JM. Tardive dyskinesia in affective disorders. *J Clin Psychiatry* 1999; 60 (Suppl 5):43-47.
- ² Haddad PM, Dursun SM. Neurological complications of psychiatric drugs: Clinical features and management. *Hum Psychopharmacol* 2008; 23:15-26.

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