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Mini Review

CITNIP, CITCIP and Diagnostic CITINIP

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Abstract

CITNIP CITCIP and diagnostic CITINIP indicates *to* three clinical reminders, when encountering a lesion in the mouth especially on the tongue. (1) CITNIP is *Candida* infection of the tongue and non-specific inflammation of the palate. (2) CITCIP is *Candida* infection of the tongue and candidal infection of the palate. (3) CITINIP refers to congenital, infective, traumatic, inflammatory, neoplastic, immunity, parasites. The clinical implications are deconstructed and explained.

Keywords: *Candida; Infection; Inflammation; Palate; Neoplasia; Parasite*

Abbreviations

AIDS: Acquired Immuno-Deficiency Syndrome; HIV: Human Immunodeficiency Virus; DHCW: Dental Health Care Workers; MHCW: Medical Health Care Workers; CITNIP: *Candida* Infection Tongue Non-specific Inflammation Palate; CITCIP: *Candida* Infection Tongue Candidal Infection Palate; CITINIP: Congenital, Infective, Traumatic, Inflammatory, Neoplastic, Immunity, Parasites

Provenance and Introduction

For decades a localised hyperplastic circumscribed lesion on the dorsal of the posterior part of the tongue was diagnosed as a 'tuberculum impar', presumed to be an anlage, and congenital residue of faulty embryonic tongue maturation. This was debunked and shown to be a variant of Candidal infection; with regular swallowing the lesion was approximated against the hard palate, and the fungal toxins induced a localized infection on the palate. *Candida* hyphae were retrievable from the tongue, but no Candidal hyphae could be recovered from the palate (Figure 1). Regular swallowing approximated the lesion against the hard palate. This was described as CITNIP (Figure 2 and 3) [1].

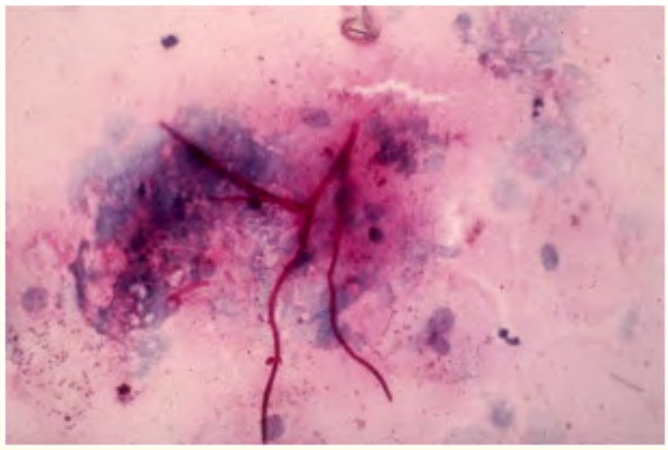

Figure 1: Candida hyphae and mucosal cells retrieved from scraping oral lesions.

Figure 2: A red dorsal slightly raised lesion of the tongue, which yielded positive Candidal hyphae from scrapings. CITNIP.

Figure 3: The central palatal lesion. No hyphae were retrieved from this CITNIP.

Subsequently when frequently encountering CITNIP in HIV/AIDS patients, Candidal hyphae were and spores were found in the palate; accordingly, this was labeled CITCIP, *Candida* infection of the tongue and candidal infection of the palate. The significance of CITCIP was that CITCIP was found when the CD-4:CD-8 ratios dropped to below 1: 1 in infected HIV +positive patients who were converting to AIDS [2].

Figure 4: This shows a Candida positive red lesion on the middle of the dorsal of the tongue. The patient was HIV. It yielded positive Candida with microscopic smears. CITCIP.

Figure 5: The lesion of the hard palate opposite to the lingual lesion. The patient was HIV +positive, and had a reverse CD-4: CD-8 ratio. It yielded positive Candida with microscopic smears. CITCIP.

These variants of Candidal infection are now recognized as clinical entities and management and treatment is discussed elsewhere [3].

Aim of the Study

This appraisal is to review CITNIP-> CITCIP and to introduce a mnemonic CITINIP (Congenital, Infective, Traumatic, Inflammatory, Neoplastic, Immunity, Parasites) to facilitate clinical thinking pertinent to clinical diagnosis and provisional diagnosis.

Discussion

In busy clinics, especially in triage and emergency situations, clinicians are expected to make rapid, hopefully correct and accurate diagnosis of presenting cases. There are many intellectual methods used for recall as reminders, as Dental and Medical Health Care Workers (DHCW/MHCW), to assist in seeing what you look for and recognizing what you know. Yet some lesions are confounding by uncertainty and the clinician need to filter through groups of possibilities, to make a judgement call as to a possible differential diagnosis. Subsequent special investigations including, oral cytological smears, stains, biopsies, special microbial, hematological or other advanced techniques, will be prescribed to refine and define making a definitive diagnosis. When encountering oral lesions clinicians will subconsciously undergo various thought processes, like accurately describing the site, size shape, consistency, color, texture and friability. The DHCW/MHCW's may filter the presentation through various possibilities of probabilities of aetiologies in their minds. CITINIP provides thinking scaffold which covers most groups of possibilities. Snap answers to relevant questions assist. Is the lesion congenital? Is it infective or traumatic in etiology, is it possibly neoplastic, or Immune in origin, and finally possibly parasitic? Recalling CITINIP for diagnosis facilitates decision taking about further special tests and management.

Concluding Remarks

There is a tendency to pronounce the "C" in CITNIP-> CITCIP and CITINIP, with the wrong sibilant "C", as in City. The "C" derives from *Candida*, and should be retained is phonation with the hard voiced guttural consonant-C… as KITNIP etc.

CITNIP, CITCIP and Diagnostic CITINIP, sound similar, but are different. Each occupies their own niche in oral medicine.

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Ethics Statement

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Informed Consent Statement

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