SYMPTOM

Sore or white tongue

A sore or white tongue may feel painful, look coated, or develop pale patches.

WHAT IT FEELS LIKE
Soreness, burning, or a white coating or patch

WHERE IT IS FELT
On the tongue and sometimes nearby mouth tissues

MOST COMMON CAUSES
Coated tongue, minor irritation, oral thrush

WHEN IT IS URGENT
Rapid swelling, fever, or pain that prevents drinking

USUALLY LASTS
Days to weeks, depending on irritation, infection, or another cause

SEE A DOCTOR IF
A patch or soreness lasts longer than two weeks

Overview

A tongue can become sore, change colour, or develop a white coating or patch for many reasons. Common causes include a build-up of debris on the tongue, irritation from food or dental work, and oral thrush.

Some changes affect the whole tongue. Others cause one or more separate patches, ulcers, or smooth areas. A coating that wipes away has different possible causes from a firm white patch that stays in place.

Most short-lived tongue problems are not serious. However, persistent or unexplained changes should be checked by a dentist or doctor. Sudden swelling or difficulty breathing is an emergency.

What it may feel or look like

The tongue may feel tender, raw, burning, itchy, or unusually sensitive. Spicy, acidic, salty, or hot foods may make the discomfort more noticeable.

Changes can include:

The appearance alone may not reveal the cause. For example, oral thrush, harmless tongue coating, and persistent white patches can look similar without a proper examination.

- A creamy, furry, or thick white coating
- White patches that wipe away, sometimes leaving a red surface
- A white or pale patch that does not wipe away
- Smooth red areas with pale or white borders
- Small ulcers or sore spots
- Cracks, swelling, or tooth marks along the edges
- Altered taste, a dry mouth, or an unpleasant taste

Common causes

A coated tongue develops when food particles, dead cells, and bacteria collect between the small projections on its surface. Dry mouth, dehydration, smoking, fever, reduced eating, or less frequent mouth cleaning can contribute.

Minor irritation or injury may follow biting the tongue, eating very hot food, using a rough toothbrush, or having a sharp tooth, brace, denture, or filling rub against it. The sore area often settles after the irritation stops.

Oral thrush is an overgrowth of the yeast Candida . It can cause creamy white patches that may wipe off and leave red or tender tissue. Thrush is more likely after antibiotics like amoxicillin or doxycycline , with inhaled steroid medicines, under dentures, or when the mouth is dry. Diabetes and conditions or treatments that weaken the immune system can also increase the chance of thrush.

Geographic tongue causes smooth red areas surrounded by pale or white borders. The areas may change shape or move over time. It is harmless, although certain foods may cause burning or sensitivity.

Mouth ulcers can occur on or around the tongue. They may follow minor injury, stress, or illness, and often heal within one or two weeks.

Less common causes include oral lichen planus, an inflammatory condition that can produce white, lace-like markings; vitamin or mineral deficiencies; and burning mouth syndrome, which causes ongoing burning without an obvious injury.

A persistent white patch that cannot be rubbed away may be leukoplakia , meaning a thickened area of the mouth lining. Many patches are harmless, but some contain abnormal

cells. A dentist or doctor should assess any patch that remains.

When to seek medical care

Call emergency services if the tongue, lips, mouth, or throat suddenly swell, especially if breathing is difficult. Difficulty swallowing saliva, drooling, faintness, or widespread hives can also indicate a severe allergic reaction.

Seek same-day medical care if:

Arrange a routine dental or medical appointment if soreness, an ulcer, or a white patch lasts longer than two weeks. Also book an appointment for a patch that cannot be wiped away, repeated episodes, unexplained bleeding, a lump, or ongoing trouble swallowing.

These symptoms do not necessarily mean something serious. An examination is important because persistent tongue changes can have several causes that need different treatments.

- Swelling is increasing quickly
- Pain makes it difficult to drink or keep fluids down
- Tongue changes occur with fever or marked facial or neck swelling
- You are severely unwell or becoming dehydrated
- You have a weakened immune system and develop new mouth pain or patches

How the cause is found

A dentist or doctor will look at the tongue and the rest of the mouth. They may gently test whether a coating wipes away and check for ulcers, sharp teeth, denture irritation, dry mouth, or swollen glands.

They may ask when the change started and whether it is painful or comes and goes. Mention recent antibiotics, inhaled steroids like budesonide or fluticasone , new medicines, dental work, smoking or vaping, alcohol use, and any problems with dentures. Health conditions such as diabetes or immune problems may also be relevant.

Tests are not always needed. A swab or scraping may help when infection is uncertain. Blood tests can look for anaemia or low levels of nutrients such as iron or vitamin B12 when symptoms suggest a deficiency.

A persistent or unusual patch may need referral to an oral medicine specialist. A small tissue sample, called a biopsy, may be taken to identify the change accurately.

Treatment and self-care

Treatment depends on what is causing the tongue change. Oral thrush may need an antifungal medicine. A rough tooth, filling, brace, or denture may need adjustment. Confirmed nutrient deficiencies are treated according to the test results rather than with supplements taken without advice.

You can reduce irritation while the tongue heals:

Do not scrape the tongue forcefully or try to cut, burn, or peel off a patch. If you use an inhaled steroid like budesonide or fluticasone , follow the prescribed inhaler technique and rinse your mouth after use. Do not stop a prescribed medicine without medical advice.

- Drink water regularly
- Brush the teeth and tongue gently with a soft toothbrush
- Keep dentures clean and remove them as advised
- Avoid smoking, vaping, and alcohol while the area is sore
- Choose cooler, softer foods
- Avoid foods that clearly trigger pain, such as spicy or acidic foods
- Ask a pharmacist about suitable pain relief or mouth products

What to expect

Minor injury and simple mouth ulcers often improve within one or two weeks. A coated tongue may clear within days as hydration, eating, and mouth care return to normal.

Thrush usually improves with appropriate treatment, although it may return if an underlying trigger remains. Geographic tongue can come and go over months or years and may change position between episodes.

Persistent conditions such as oral lichen planus may need ongoing dental or medical review. A white patch that does not clear should remain under review even if it is painless.

If symptoms are not improving as expected, or the appearance changes, arrange another assessment rather than repeatedly trying over-the-counter treatments.

Common questions

Can dehydration make the tongue look white?

Yes. A dry mouth can allow debris and dead cells to collect on the tongue. Drinking fluids and gentle mouth care may help, but a lasting patch still needs assessment.

Does a white tongue always mean thrush?

No. A coating, irritation, geographic tongue, lichen planus, and other conditions can also look white. Thrush often causes creamy patches that can be wiped away, but appearance alone cannot confirm it.

Should I brush a white tongue?

Gentle brushing with a soft toothbrush can help a simple coating. Stop if it causes bleeding or significant pain. A firm patch that does not brush away should be checked rather than scrubbed.

Can antibiotics cause a white tongue?

Antibiotics can change the normal balance of organisms in the mouth, making oral thrush more likely. Not every white tongue after antibiotics is thrush, so seek advice if it is painful, persistent, or spreading.

Which professional should I see?

A dentist is well placed to assess tongue patches, ulcers, and irritation from teeth or dental appliances. A doctor can assess possible infection, medicine effects, nutritional problems, or other health conditions. Either can arrange referral when needed.

Sources

- NHS - Sore or white tongue
- NHS - Oral thrush in adults
- National Institute of Dental and Craniofacial Research - Burning Mouth Syndrome
- American Academy of Oral Medicine - Geographic Tongue
- American Academy of Oral Medicine - Oral Lichen Planus