Palatal foreign body mimicking a neoplasm

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Abstract A case of young child with a palatal foreign body presenting an unusual diagnostic difficulty is presented. A brief literature review is presented.

Keywords Foreign body · Palate

Introduction

Foreign bodies embedded in the palate are unusual findings and can occasionally mimic other types of oral cavity pathology-like the neoplasms. We present the rare case of impacted foreign body of hard palate presenting as a neoplasm.

Case report

A 14-month-old child presented to our OPD with complaints of swelling over hard palate for 2 months. The swelling was incidentally noticed by parents. It did not show any

Fig. 1 Child with mass over hard palate

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Fig. 2 Removed foreign body (Rubber Cork)

progression. Examination revealed a rounded pinkish mass over hard palate to right side of midline. The mass was well demarcated, non-tender and non-fluctuant (Fig. 1). CT scan had already been done and revealed 'cystic palatal lesion'. In view of clinical and radiological findings, patient was taken for examination and aspiration of cyst under anesthesia. Exploration however revealed it to be a rounded rubber cork which had been impacted and neglected. The cork was removed in same sitting (Fig. 2) and child was discharged after 1 day. Postoperative course was uneventful.

Discussion

Foreign bodies of the hard palate are rare occurrences with only limited reported cases in the literature [1, 2]. Thorough medline search reveals <20 such cases reported in international literature. Most frequently, the age of presentation has been in infants and almost all cases have been reported in children <2 years of age. Multitude of

foreign bodies have been found impacted in palate by various authors. Most frequently reported foreign body has been a nutshell [1, 3]. Wooden piece [4], artificial finger nail [5] embedded as foreign bodies in palate have also been reported. These lesions present as a diagnostic dilemma as differentiating them from more sinister pathologies like neoplasms and granulomatous lesions can be at times difficult. Radiology can be at times helpful but may be unyielding in cases of an unwary radiologist. Strong clinical suspicion along with exploration, if required, under anesthesia is required for accurate diagnosis.

Conclusion

Impacted foreign bodies, though rare, should be included in differential diagnosis of palatal lesions in pediatric age group. Diagnosis and management is simple if suspected.

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