relieve some of the symptoms of patient like dysarthria in spite of moderate reduction in the size of tongue. This was then followed by electrocoagulation which improved the condition but soon after size again started increasing. It was at this juncture that the radiotherapy was resorted to as a last option since patient had refused surgical resection. There was a significant improvement in the symptoms and patient is able to articulate well. There are no episodes of sleep apnea and patient is able to eat without any discomfort. Besides mild ulceration following radiotherapy, which subsided, on conservative management no complications were encountered in this case with any of the given therapies till now.

CONCLUSION

Large venous malformation of tongue is challenging lesions to treat, due to high vascularity and serious risk of airway compromise. Management involves different approaches including sclerotherapy, electrocoagulation, laser ablation, surgery and possibly radiotherapy. Treatment should preferably involve multimodality approach as no single modality gives complete solution to the problem.

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Short Communications

LYMPHANGIOMA TONGUE

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Abstract: We present a rare case of Lymphangioma tongue which presented to us as macroglossia and wide excision of the lesion was done. We also reviewed the literature and an attempt to draw a meaningful conclusion regarding treatment has been done.

Keywords : Lymphangioma, Macroglossia, Lymphangioma Tongue, Sleep - Apnea, V-Glossoplasty

INTRODUCTION

Lymphangiomas are congenital in origin and are hamartomas rather than true neoplasm's. They either originate as a result of sequestration of lymphatic tissue derived from portions of primitive sacs with no connections to lymphatic system. According to another school of thought, they may arise from endothelial fibrillar membranes which sprout from the wall of the cyst, penetrate the surrounding tissue, canalize and produce more cysts.

Lymphangiomas usually present at birth. Thirty five percent of Lymphangiomas of all types occur in cheek, tongue, floor of mouth; twenty five percent in neck; fifteen percent in axilla; rest in other places like pectoral region, mediastinum, groin, pelvis and retroperitoneum.

The typical Lymphangioma of oral cavity is characterized by irregular nodularity of mucosa with gray and pink projections. Most of these tumors manifest themselves at birth and / or shortly afterwards. The lesion may present with symptoms and signs viz. stridor, mediastinal widening, branchial plexus compression. Other presentations may be spontaneous hemorrhage, infection, or as in present case macroglossia leading to compromise in all the functions of tongue and oral cavity e.g. swallowing, mandible-dental deformities⁽¹⁾, speech disturbances, respiratory disturbances, and last but not the least, cosmetic defects.

CASE REPORT

An eight year female child presented in our OPD with enlarged tongue, to the extent that it protruded out of the mouth. The

Fig 1 : Abnormally enlarged tongue , when patient presented at hospital. patient's attendant stated that, the tongue was gradually enlarging since the patient was 2-3 months of age and has thus attained the present size (photo 1). There has been gradual deterioration in the functions of tongue.

At the time of presentation the tongue was virtually functionless; patient was neither able to speak nor was she able to feed on solid diet, also the patient was having some problem in breathing with episodes of apnoeic attacks. On detailed workout the attacks fulfilled the criteria of **moderate sleep apnea syndrome**⁽²⁾ (20 to 40 apneas/hr) (Scott- Brown's Otolaryngology, Rhinology; 4/19/1)

On examination anterior half of interior third of tongue was enlarged (homogenously) to the extent that was protruding out of lips for more than two inches (with closed mouth at rest). It was soft in consistency. There was clear demarcation between normal tongue and the enlarged tongue. The exposed surface was rough and dry with ulcerations on the ventral surface (Photo2). An ultra sonogram was done which revealed cystic fluid spaces. Later biopsy confirmed **CAVERNOUS LYMPHANGIOMA** which showed dilated fluid filled interconnected Lymphatic Channels lined by single layered endothelial cells and connective tissue stroma.

During the operation a per op tracheostomy was performed, followed by a 'V' glossoplasty⁽³⁾ taking care that it included some healthy tissue so as to prevent recurrence.

DISCUSSION

A review of literature along with the study of the present case led us to the conclusion that the Lymphangiomas of the tongue are rare tumors present usually at birth (although 80% are detected by IInd year of life and less than 10% in adult). For lymphangioma, tongue seemed to be a favored site that too the dorsal surface. Swallowing difficulty, airways obstruction speech defects, mandible-dental deformities and cosmetic problems are usual complaints. The most common histological type is Cavernous type of Lymphangioma. No true encapsulation occurs and quite often lymphatic vessels spread diffusely in to the surrounding tissue which is the basis of recurrence after surgery. Apart from the usual microscopic picture in some cases blood may be found in the spaces, making distinction between lymphangioma and hemangioma difficult or even impossible. In these circumstances angiomatosis is seems to help in making

the diagnosis. Investigations include routine investigations along with ultrasound, radiology of skull mandible & nasopharynx and biopsy.

The treatment is medical as well as surgical⁽⁴⁾ Medical treatment with antibiotics, steroids, enzymes is reserved for those patients which present with secondary infection and it is documented that it should be administered both pre and postoperatively (Goodberg et al 1977). The surgical treatment is the main which includes extensive excision as recurrence rates are high even after good surgery (10-15%). Other modalities of treatment are the use of Neodymium Yttrium Aluminium Garnet Laser; Nd: YAG LASER⁽⁵⁾ (especially if posterior one third of tongue is involved). CO2 laser coagulation can be used to remove superficial lymphangioma⁽⁶⁾.

If the tongue is large with protrusion outside the lip margin (as in present case) we advocate early tongue reduction so as to promote proper speech and deglutition, reduce orthodontic problems and achieve good cosmesis.

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