Congenital tumor of tongue

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A new born female child weighing 2.6 kg was brought to hospital, 6 hours after birth with a swelling protruding out of the mouth and attached to tongue. It was the second child of the parent, the first male child had no similar swellings. On examination, the child was active, and was crying normally. The vitals were within normal limits. An irregular reddish soft cystic mass of about 10 x 4 cm size arising from the tip of tongue and was pedunculated and whole of the mass was protruding out of the mouth (Fig. 1). Associated cleft palate was present. Emergency surgery was done. Penduncle was ligated and mass excised under local anaesthesia. Histopathological examination of mass was suggestive of benign teratoma.

Discussion

Oropharyngeal teratomas represent 2% of all teratomas. These tumors can originate from the tongue, sinuses, mandible and tonsils. Airway compromise requires immediate

care at the time of delivery. Most tumors are benign and recurrence is uncommon after complete resection [1]. Epignathus is a term used to describe teratomas protruding from the mouth. These tumors arise from the soft or hard palate in the region of Rathke's pouch [2]. Most of these tumors are recognized at or shortly after birth and are associated with an increased incidence of still birth. They can also be diagnosed prenatally by ultrasonography [3, 4]. In CCG Neonatal Cancer Survey the most common neonatal tumor found was teratoma (38%) and of these the incidence of cervicofacial teratoma was 12%, while the most common being sacrococcygeal teratoma (84%) [5]. In another study, congenital anomalies associated with neonatal tumors were found to be in 15% out of 170 cases examined [6]. In our study, there was associated congenital anomaly of cleft palate.

Fig. 1 Photograph showing pedunculated teratomatous dermoid, arising from tip of the tongue and protruding out from mouth.

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