

An accessory tongue

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ABSTRACT

An accessory tongue is a rare anomaly. In the literature, only a few case reports have been cited. We report a 28-year-man with this anomaly. The patient was treated with a simple surgical excision.

Keywords: accessory tongue, double tongue, tongue anomaly

Singapore Med J 2009; 50(5): e172

INTRODUCTION

An accessory tongue is a rare anomaly. To our knowledge, only five cases have been reported. The tongue develops during the fourth week of intrauterine life, originating from a median swelling (tuberculum impar) on the floor of the pharynx and two lateral lingual swellings joining this central structure. These lateral lingual structures grow rapidly to cover the tuberculum impar to form the anterior two-thirds of the tongue. Double tongue results due to developmental anomaly within a lingual tubercle. We report a patient with an accessory tongue which was excised successfully.

CASE REPORT

A 28-year-old man presented with a 4 cm × 5 cm growth over the dorsum of the tongue that was present since birth, along with difficulty in swallowing and speech. He did not have any other associated complaint or anomaly. His father reported that the growth had progressively increased in size since birth. This growth had the appearance of a normal tongue with papillae visible over the dorsum surface (Fig. 1). Fine needle aspiration cytology showed both fibrous and muscular elements. The growth was excised by a simple surgical excision with closure of the defect with vicryl suture. Final histopathology showed muscular elements along with the taste buds. The patient experienced symptomatic relief from the dysphagia, but the quality of speech did not improve. The patient is currently on speech therapy.

DISCUSSION

Only five cases of accessory tongue had been reported in the literature.⁽¹⁻⁵⁾ The development of the tongue starts at the fourth week of intrauterine life, from the first three or four brachial arches.⁽⁶⁾ Malfusion of these arches may lead to congenital anomaly. These anomalies may occur as an isolated entity or part of clinical syndromes. A glossia,



Fig.1 Clinical photograph shows the accessory tongue with papillae over its dorsal surface.

syndromic microglossia, macroglossia, accessory tongue, long tongue, and cleft or bifid tongue are the commonest occurrences, listed, in order of frequency. Coexistence of tongue anomalies with cleft palate have been previously reported as isolated findings in nonsyndromic cases and also as coexisting anomalies in syndromic cases.⁽¹⁾

Treatment of these syndromic cases needs multidisciplinary involvement, but simple nonsyndromic cases are easier to manage by simple surgical excision, as in our case.⁽⁶⁾ The syndromic cases associated with other anomalies receive the early attention of parents and physicians, but nonsyndromic cases are neglected and usually present late. These patients present with dysphagia and speech problems. Simple surgical excision relieves dysphagia, and speech problems may be improved by speech therapy, but cases presenting late in adulthood have a poor response.⁽²⁾ The important differential diagnosis is benign tumours arising from the dorsal surface of the tongue, like fibroma and haemangiomas.

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