

## **Atypical Presentation of Tongue Laceration in a Four Years Old Female Child- A Case Report**

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**Abstract:** We report the case of a four year old girl who attended the pediatric surgical emergency with complaints of spontaneous partial rupture of tongue. The case turned out to be a diagnostic dilemma with regards to the etiology and management protocol.

**Keywords:** Tongue laceration, foreign body tongue.

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### **INTRODUCTION**

Injuries to the tongue are often treated in the emergency department or other acute care settings. A tongue laceration is often the result of a fall, seizure, or other blunt force mechanism. Piercings, intoxication, and iatrogenic cause are also commonly associated with tongue injury. Lacerations secondary to seizures are most often found to the side of the tongue [1]. Because of the tongue's generous blood supply, most tongue lacerations do not become infected and many heal well without repair [3]. However, repair is required when the injury has certain characteristics.

### **CASE REPORT**

A four years old girl was brought by her relatives with complaints of laceration of tongue. Even on repeated queries, no etiology was reported. The problem was reported to have happened overnight and the child was asymptomatic.

On examination there was a tear at almost the junction of the anterior two third and posterior one third of the tongue. The cut surface was smooth with no evidence of any bleed. No foreign body could be appreciated at the junction. Rest of the tongue and oral cavity were within normal limits. Systemically the child had no complaints. Physical abuse was excluded. Blood investigations were normal. We proceeded with repair following consultation with otorhinolaryngologist.

The scab tissue over the junction was removed .a coloured elastic band was seen. This was carefully retrieved out followed by conventional three layered suturing of the tongue. Post operative period was uneventful. On repeated queries in the post operative period, the child revealed an episode of blowing of balloon the previous evening. The band removed was supposedly a part of the balloon which got dislodged

and stuck to the missile of tongue. The patient was unexpectedly asymptomatic and unaware.



**Fig-1: patient at presentation. Front view.**



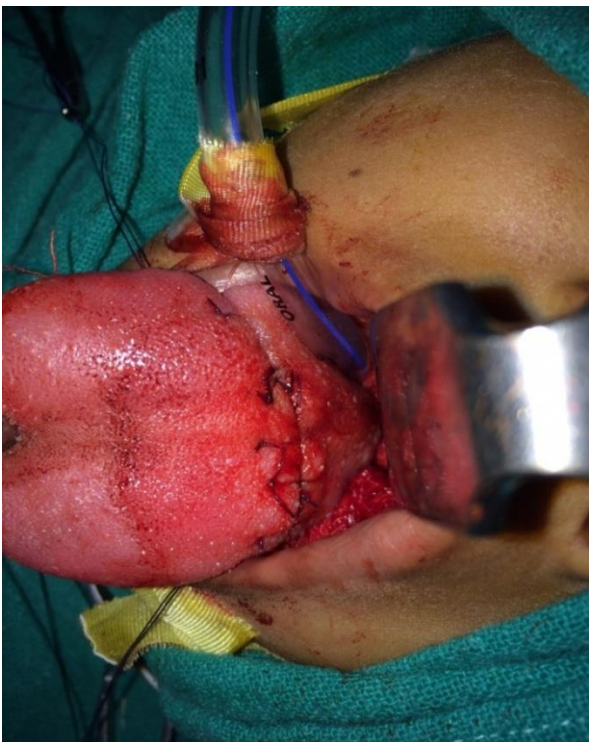
**Fig-2: peroperative exposure.**



**Fig-3: removal of elastic band**



**Fig-4: post operative sutured wound**



**Fig-5: post operative sutured wound.**

## DISCUSSION

Tongue injuries are common and the conventional two or three layered repairs suffice for the majority of cases. The goals of laceration repair of the tongue are to attain adequate closure, minimize complications, preserve mobility, and optimize articulation and deglutition [1, 2]. Characteristics of tongue lacerations that require repair include the following [1]

- Bisecting wounds
- Large flaps
- Persistent bleeding
- Wounds larger than 1 cm
- Gaping wounds
- U-shaped lacerations
- Avulsion or amputation injuries (The tongue may be primarily closed if the defect is less than 30% of the tongue.)
- Amputations or avulsions of more than 30% require a flap procedure [4].

The present case is being reported solely for the varied presentation and history of the patient that made it a diagnostic dilemma. The absence of any history with no evidence of bleed or laceration made it unlikely to be a foreign body injury.

Spontaneous rupture seemed to be a highly improbable diagnosis. Proper exploration proved helpful with retrieval of the etiologic foreign body.

## REFERENCES

1. Complex Tongue Laceration Gretchen S Lent, MD; Chief Editor: Erik D Schraga, MD Complex Tongue Laceration. [emedicine.medscape.com/article/83275](http://emedicine.medscape.com/article/83275)
2. Spontaneous Rupture of Tongue-tie R. W. Smithells Br Med J. 1959 Jan 24; 1(5116): 236. PMID: PMC1992304
3. Common Superficial Tongue Lesions. Sunil *et al.*; Indian Journal of Clinical Practice, 23(9); 534.
4. Tongue laceration [http://www.sw.org/HealthLibrary?page=Tongue e%20Laceration](http://www.sw.org/HealthLibrary?page=Tongue%20Laceration).