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CASE REPORT - LYMPHANGIOMA UNCOVERED - INSIGHTS INTO A RARE PEDIATRIC TONGUE LESION

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ABSTRACT

Lymphangiomas are rare benign vascular malformations of lymphatic origin, frequently presenting in the head and neck region of pediatric patients. Tongue involvement, although uncommon, can cause functional impairment and aesthetic concerns. This case report describes a 7-year-old child with a congenital, progressively enlarging tongue swelling involving both anterior two-thirds and posterior one-third. Gross and histopathological evaluation confirmed the diagnosis of lymphangioma. The case underscores the importance of early diagnosis, complete excision, and histological confirmation.

Keywords: Case Report, Histopathology, Lymphangioma, Pediatric, Tongue, Vascular Malformation.

INTRODUCTION

Lymphangiomas are uncommon benign malformations of lymphatic vessels, mostly occurring in children under two years of age.^[1] They are believed to arise due to sequestration or obstruction of lymphatic tissue during embryologic development.^[2] Though most commonly seen in the head and neck^[3] (cystic hygroma), oral cavity involvement particularly the tongue is rare and can be clinically significant due to interference with speech, swallowing, or breathing.^[4]

Case Presentation

A 7-year-old child presented to the ENT outpatient department with a history of a progressively enlarging swelling on the dorsum of the tongue involving both anterior two-thirds and posterior one-third since birth. There was no history of pain or trauma.

On clinical examination, a lobulated, non-tender, soft mass was noted on the dorsal surface of the tongue. The mass had gradually increased in size, causing difficulty in speech and feeding.

An ENT surgeon decided to surgically excise the lesion. Intraoperatively, excessive bleeding was encountered from the resection site, which was managed appropriately. The patient was stabilized and discharged uneventfully.

Gross Examination

The resected specimen was sent for histopathological examination. On gross examination the outer surface showed multiple small cyst-like vesicles and on cut section solid areas with shiny foci were identified.

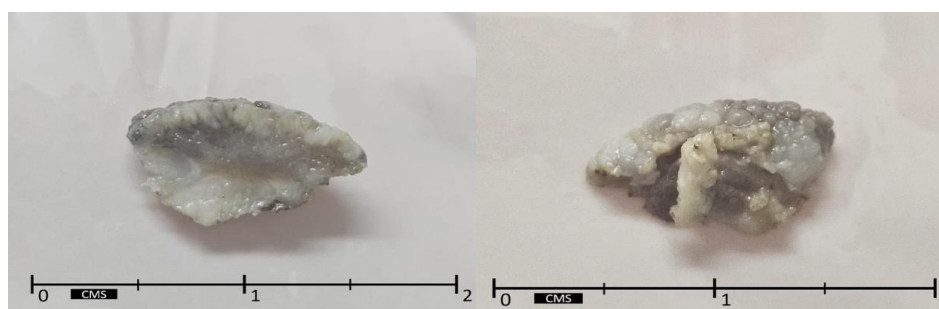
Image 1 - Gross picture.

Image 2 - Gross picture.

Resected lesion shows small cyst-like

Cut surface shows solid areas with shiny foci.

Vesicles on outer surface.



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Microscopic Examination

Histological examination showed:

- Multiple dilated lymphatic channels lined by flat endothelial cells.
- Channels were filled with eosinophilic proteinaceous material and occasional

lymphocytes.

- Surrounding stroma showed fibrous tissue with scattered inflammatory infiltrate.

These features were consistent with lymphangioma of the tongue.^[5]

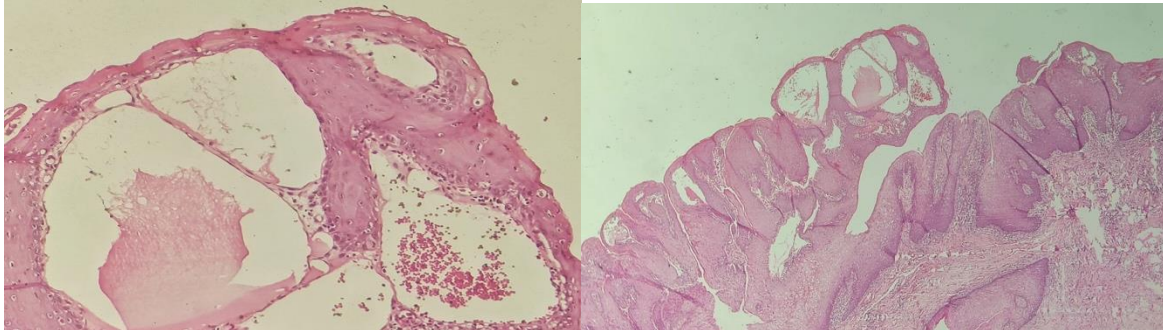


Image 3 and 4: (3) Multiple dilated lymphatic channels are seen containing eosinophilic proteinaceous material and occasional lymphocytes. Surrounding fibrous stroma is identified containing scattered inflammatory cells. (H&E 10X) (4) Channels are lined by flat endothelial cells. (H&E 40X)

(3) Multiple dilated lymphatic channels are seen containing eosinophilic proteinaceous material and occasional lymphocytes. Surrounding fibrous stroma is identified containing scattered inflammatory cells. (H&E 10X)

(4) Channels are lined by flat endothelial cells. (H&E 40X)

DISCUSSION

Lymphangiomas of the tongue are rare, and most cases are congenital.^[5] The anterior two-thirds of the tongue is more frequently affected.^[6] Histologically, they can be classified as capillary, cavernous, or cystic hygroma.^[4]

In this case, the presence of large, cyst-like spaces suggests a cavernous lymphangioma.

Early diagnosis and complete excision are important, although recurrence is possible.^[7] Alternative treatments include laser ablation, sclerotherapy, and radiofrequency ablation. One well-studied treatment is local injection of OK-432, which induces an inflammatory response leading to regression.^[8,9]

Diagnosis can be challenging due to overlapping features with other vascular malformations, requiring histological confirmation.^[10,11]

CONCLUSION

This case highlights the rare presentation of lymphangioma of the tongue in a pediatric patient. A multidisciplinary approach involving ENT surgeons and pathologists is crucial for effective management. Histopathological examination remains the gold standard for definitive diagnosis.

Legend

Image 1 and 2: Gross picture

(1) Resected lesion shows small cyst-like vesicles on outer surface.

(2) Cut surface shows solid areas with shiny foci.

Image 3 and 4- Microscopy

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