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Case Report

Accessory tongue — A case report

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ABSTRACT

Congenital anomalies of tongue happen as a result of disturbances in the embryological development of tongue which starts at fourth month of intra uterine life. Anomalies of tongue are very common and it appears as isolated lesion or as part of any syndrome. Accessory tongue is one of the rarest developmental disorders of tongue. Here is the case report of a non-syndromic accessory tongue in female patient

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1. Introduction

Tongue develops from the region of the first second third and fourth pharyngeal arches during the period of embryogenesis. Developmental disorders of tongue are structural defects which are commonly seen at the time of birth.¹ They are single multiple isolated or associated with syndromes.² Accessory tongue which is also referred as double tongue is an uncommon developmental anomaly of tongue. On account of its uncommonness, only few cases are reported in the literature.

2. Case Report

15-year-old female patient reported to our department with a complaint of swelling on the back of the tongue and it was noted since few years. Patient didn't give any history of pain or other symptoms. On examination small growth like structure was seen on the left posterior one third of the tongue near retro molar pad (Figures 1 and 2). The colour and surface was similar to the surrounding tongue mucosa. On close examination filiform papillae were noted on the surface of the lesion. The lesion was seen very posterior that examination was done by retracting it with a dental probe.



Fig. 1: On examination small growth like structure was seen on the left posterior one third of the tongue near retro molar pad.

The growth was soft in consistency mobile and non-tender. It was not causing any interference to swallowing or speech. Patient didn't have any other oral and extra oral congenital abnormalities. Based on the history, examination findings the lesion was diagnosed as accessory tongue and patient was referred to dept. of Oral surgery for excision of the lesion. Excised tissue was sent for biopsy and it revealed

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Fig. 2:

normal tongue tissue components.

3. Discussion

Tongue is a muscular organ of oral cavity which helps us in speech deglutition and taste. The tongue develops during the fourth week of intrauterine life, originating from a median swelling 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.³ Accessory tongue results due to developmental disturbances within lingual tubercle.³ Accessory tongue is seen on the dorsum of the tongue along the fusion of right and left halves or towards the fusion area of posterior one third and anterior two third part of the tongue.^{3–5} Waal van der et al. described that in accessory tongue condition, the tongue is attached to the tonsil, or a process is arising from one side of the base of the tongue.² Patients with small isolated accessory tongue may not come for treatment as it

does not interfere functioning of the oral tissues. But some cases have reported with difficulty in mastication deglutition and speech. Treatment for accessory tongue is surgical excision and accessory tongue associated with syndromes requires multidisciplinary management. Speech therapy is indicated for patients with speech problems.

4. Conclusion

Dentist plays a key role in identifying the tongue disorders since they are the physicians who deal with oral cavity. Prompt diagnosis treatment and referral is important in such lesions

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None.

6. Conflict of Interest

None.

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