

Images in Clinical Practice

Macroglossia

An eight-month-old male infant presented with a large tongue and constant drooling of saliva since birth (*Fig.*). The tongue had been increasing in size since birth. There were no feeding or breathing difficulties. The growth and development were normal for age. Systemic examination was normal. Thyroid screening and karyotyping was normal. A diagnosis of idiopathic macroglossia was made.

Macroglossia is a subjective diagnosis when the tongue appears too large to be retained within the space in the oral cavity. The common conditions associated with macroglossia in childhood include Weidmann-Beckwith syndrome, lymphangioma, mucopolysaccharidosis and cretinism. Other conditions where it may be encountered include rhabdomyosarcoma, muscular dystrophy, Down's syndrome, lipoid proteinosis, triploid syndrome or may be idiopathic. Transient causes of macroglossia are either traumatic or post-operative edema. Problems encountered with macroglossia include difficulties in swallowing (which can result in failure to thrive), breathing (due to airway obstruction) or speech. Presence of any of these problems or cosmetic considerations indicate need for oro-facial surgery.



Fig. Photograph showing large protruding tongue and umbilical hernia.

**A.K. Dubey,
Kirandeep Sodhi,**
*Department of Pediatrics,
Base Hospital Delhi Cantt. 110 010,
India.*