

Lymphangioma of Tongue

A 3-year-old male child presented with a gradually increasing tongue size since birth. The child had difficulty in chewing and swallowing solid food with impairment of speech. He had no obvious signs of surface bleeding, paroxysms of lesion expansion, or repeated respiratory infections or respiratory distress. On examination, an enlarged, dry, fissured tongue occupied the entire oral cavity impeding visualization of posterior pharyngeal structures. Computed tomography revealed the lymphangioma involving the entire tongue. The child was treated with multiple intralesional bleomycin injections under monitored anesthesia care which resulted in marked symptomatic relief over a period of 9 weeks.

Lymphangiomas are rare congenital hamartomas of malformed lymphatics. Children with tongue lymphangiomas present with macroglossia, dryness with fissures on tongue leading to difficulty in chewing, swallowing, speaking and occasionally airway obstruction. Differential diagnosis of tongue lymphangiomas include vascular malformations, neurofibromas, thyroglossal cysts, congenital hypothyroidism and Down syndrome. Treatment options include complete or partial surgical excision, aspiration, steroids, sclerosant therapy, laser and chemotherapy.



FIG. 1 Large fissured dry tongue.

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Peutz Jegher Syndrome

An 11-year-old boy presented with a history of recurrent colicky abdominal pain for the preceding three months. There was no history of hematemesis or melena, or significant family history. He had multiple hyperpigmented macules over the nose, lips, and buccal mucosa (**Fig. 1**). There was no mucocutaneous lesion elsewhere in the body. The abdominal and other systemic examination was non-contributory. Complete hemogram, routine biochemical panels, and ultrasonography of the abdomen were normal. Stool for occult blood was negative. Upper gastrointestinal endoscopy showed no abnormality; colonoscopy revealed multiple polyps in the colon. Based on the typical muco-cutaneous pigmentation and colonoscopy findings, a diagnosis of Peutz Jegher syndrome (PJS) was made. Histopathology of the colonic specimen further confirmed it to be a PJS -type of intestinal polyp.

Mucocutaneous pigmentary changes of PJS usually appear during early infancy and scattered over the lips, buccal mucosa, perioral and perianal areas, fingers, feet,



FIG. 1 (a) Hyperpigmented macules on lips (especially on lower lip), and a few scattered pigmented macules in the peri-nasal area; and (b) pigmented macules on lips and buccal mucosa.

and less commonly over the gums and palate. Differentials of the oral pigmentation of the present case were : Laugier-Hunziker syndrome (PJS like muco-cutaneous changes, pigmented nail streaks, no visceral involvement), Addison's disease (pigmentation of the oral mucosa, skin creases and pressure points, fatigue, postural hypotension), Carney complex (associated with blue nevus and pigmentary schwannomas, myxomas of skin and heart), oral melanocytic nevus (gray-brown or black lesion,

located over hard palate and buccal mucosa, common in females and in old age), and resolving oral lichen planus (usually associated with cutaneous lesions of lichen planus). Management of PJS includes removal of the technically feasible gastrointestinal polyps, laser treatment for the lentigens, and regular surveillance for malignancies.

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Cutaneous Larva Migrans



FIG. 1 (a) Raised and serpentine lesions of cutaneous larva migrans, (b) Post-treatment picture showing healing and excoriations secondary to scratching.

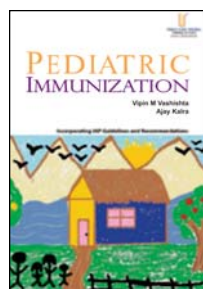
An 8-year-old boy from Agatti Island in Lakshadweep, India presented with history of intensely pruritic skin lesions on the posterior aspect of the leg for last 2 days. There were no systemic symptoms. Clinical examination revealed an erythematous, serpentine lesion at the posterior aspect of leg with vesicles at the edge of the lesion (**Fig. 1a**). The boy used to play football on the beach barefoot everyday. He had similar lesions on the same leg a few months earlier, which were treated with topical antifungal cream. A diagnosis of cutaneous larva migrans was made and he was started on oral albendazole at 400 mg once daily for 5 days. Lesions healed rapidly leaving patchy excoriation of the skin secondary to scratching (**Fig. 1b**).

Cutaneous larva migrans is diagnosed by classical serpentine skin lesions in a tropical setting. The differential diagnoses include scabies (generalized, burrows in interdigital spaces) cutaneous bacterial and fungal infections, and contact dermatitis.

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BOOK REVIEW



Pediatric Immunization
VM VASHISHTA, A KALRA
*Kothari Medical Subscription
Services Pvt. Ltd., Mumbai.*
Pages: 205; Price: 395/-

This book deals with a vitally important, and at times controversial, topic of Pediatric Immunization. The book has dealt with all topics pertaining to immunization, from basic sciences to newer vaccines in the pipeline and vaccination in special situations. Authors have incorporated some features that make this book stand out from the crowd. First, the authors have targeted the medical community as well as the paramedical workers and parents and, therefore, have

deliberately kept the language simple and easy to understand. The book also deals with practical considerations that make this book useful particularly to a pediatric practitioner (e.g., handling a child during vaccination, maintaining vaccination records, the issue of suboptimal time periods between vaccines, interchangeability of brands etc.). Lastly, almost every section offers guide to various resources available on the net, pertinent to that topic, for detailed study. All chapters are brief, clear and to-the-point. I recommend this book to all postgraduate students, general practitioners and pediatricians to supplement their knowledge and gain more clarity on this important topic.

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