

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,