

Isolated Asternia

A 9-year-old boy presented with pectus excavatum associated with a complete congenital sternal cleft. The ends of the ribs were not palpable (*Fig. 1*). The defect was covered only by a layer of skin and pulsation of the heart and great vessels could be seen easily. Spiral computed tomography showed that sternum was absent but other intrathoracic structures were completely normal.

Asternia is a very rare condition and may occur as an isolated entity or as part of a syndrome such as Cantrell's pentalogy and Leiber's syndrome. Isolated asternia is a benign malformation with a good prognosis. In this anomaly, the heart and great vessels may easily be injured by external trauma. In addition, the deformity is cosmetically unpleasent. The management of this anomaly is challenging with respect to appropriate time for surgical reconstruction.



FIG. 1. Sternal cleft and pectus excavatum

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Ulcerative Traumatic Granuloma of the Oral Cavity

An 8 month-old infant boy with cerebral palsy presented with a large exophytic lesion under the tongue with erythema surrounding a removable, fibrinopurulent membrane and granulation tissue proliferation present for several weeks (*Fig. 1*). He was unable to suckle for feeding. Laboratory tests were normal. Biopsy was suggestive of distinctive ulcerative traumatic granuloma with stromal eosinophilia (Riga-Fede disease). Contact of the tongue with the sharp, newly erupted mandibular teeth was apparent. Grinding the teeth edges and covering with resin resulted in rapid resolution within 5-10 days.



FIG. 1. Ulcerative traumatic granuloma on the anterior ventral part of the tongue; note sloughing necrotic pseudomembrane, and dry lips.