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Case Report Olgu Sunumu

COMPLAINT OF SPEECH DISORDER IN FAMILY PRACTICE: A RARE CASE HEMANGIOMA OF THE TONGUE

Aile Hekimliğinde Konuşma Bozukluğu Şikayeti: Nadir Bir Olgu Dilde Hemanjiom

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ABSTRACT

Hemangiomas are the most common benign tumors of the head and neck region, but are rarely seen in the oral cavity. Tongue localized hemangiomas are encountered in 7.8% of cases. Depending on their size, hemangiomas located on the tongue can cause recurrent spontaneous bleeding, pain, speech and chewing disorders and shortness of breath. In this article, a case of hemangioma of the tongue characterized by speech disorder in a 7-year-old boy who presented to our family medicine outpatient clinic is presented and discussed in the light of the literature.

Keywords: *Hemangioma, tongue, oral cavity, speech*

ÖZ

Hemanjiyomlar baş boyun bölgesinin en sık görülen iyi huylu tümörleridir, ancak ağız boşluğunda nadiren görülürler. Dil lokalize hemanjiomlara vakaların %7.8'inde rastlanmaktadır. Büyüklüklerine bağlı olarak, dilde bulunan hemanjiyomlar tekrarlayan spontan kanamalara, ağrıya, konuşma, çiğneme bozukluklarına ve nefes darlığına neden olabilir. Makalemizde aile hekimliği polikliniğimize başvuran 7 yaşındaki erkek çocukta konuşma bozukluğu ile karakterize bir dil hemanjiyomu olgusu sunulmuş ve literatür eşliğinde tartışılmıştır.

Anahtar Kelimeler: *Hemanjiyom, dil, oral kavite, konuşma*

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INTRODUCTION

Hemangiomas are lesions that are generally seen in the first 2-4 weeks of life and grow rapidly until 6-8 months, then slow down and regress spontaneously by 70% around 5-8 years of age (1). Hemangiomas located in the head and neck region are the most common benign tumors of childhood. They are rarely seen in the lips, oral cavity, tongue and buccal mucosa. Hemangiomas on the tongue, especially in children, are extremely rare (2,3). Trauma, hormonal factors, infections are blamed in its etiology (3). Imbalance in angiogenesis and uncontrolled proliferation of vascular structures are believed to cause hemangiomas (4). These benign tumors show a life cycle of endothelial cell proliferation, rapid growth, and spontaneous shrinkage (5). They are almost never time encapsulated (3). Hemangiomas located in the tongue are very important due to the functions of the tongue such as speaking, swallowing, cleaning the oral mucosa and its vulnerability to trauma (2). It is also important in terms of causing respiratory problems (3). Different symptoms can be observed depending on its location (6).

CASE REPORT

A 7-year-old male patient was brought to the family medicine outpatient clinic by his family with the complaints of speech disorder and dyspnea. In his history, it was informed that the complaint of speech disorder developed gradually in the last two months, and that he had a pronounced speech disorder for the last two weeks. The patient had a history of inguinal hernia operation, his vaccinations were complete, and he had no history of atopy. In his family history, the mother had hypothyroidism, the father had chronic hepatitis B and pemphigus vulgaris. One of the siblings of the patient had an allergic asthma, and the other sibling had a history of allergy to beta-lactam antibiotics and acetaminophen drug group.

The vital signs of the patient were as follows: body temperature: 36.6°C, heart rate: 78/min, arterial blood pressure: 100/70 mmHg, oxygen saturation: 97%. In the examination of the patient, height:126 cm (50-75 percentile), weight: 24 kg (25-50 percentile), there was pus in the nose and postnasal discharge was present. There was a pulsatile, painless mass on the left side of the tongue, approximately 1 cm in diameter, with regular borders, which did not fluctuate on palpation (Figure 1). No pain in the lesion with tongue movements. A few non-pathological lymph nodes were palpated on the right and left sides of the cervical chain of the neck. Lung sounds were normal on auscultation, and other system examinations were normal.

Figure 1: Left sided lesion in the tongue

In the superficial neck ultrasonography performed on the patient for whom otolaryngology consultation was requested, it was determined that there was a 13x8 mm solid image in the localization with swelling in the left posterolateral part of the tongue, and linear vascularization in the central part. With these results, the patient underwent magnetic resonance imaging (MRI). Contrast-enhanced neck MRI report of the patient revealed a peripheral nodular-enhancing lesion in the left part of the tongue, 13x12 mm in size, hyperintense in peripheral T1 and T2 AG, hypointense in central T1 AG and hypointense in T2 AG, and hypointense centrally in millimetric T1 AG (Figure 2).

As a result of the examinations and clinical evaluation, the mass was evaluated as a hemangioma. Clinical follow up was recommended. The patient was seen again two times within an interval of one week. No significant regression in the size of the mass was observed in the first and second evaluations. However, according to the history taken from the patient's mother, there was a period of shrinkage and growth in the mass. No change in the character of the mass was observed in

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the follow-up. The patient was consulted to the otorhinolaryngology clinic for surgery. The otolaryngology clinic did not consider surgical intervention at this stage.

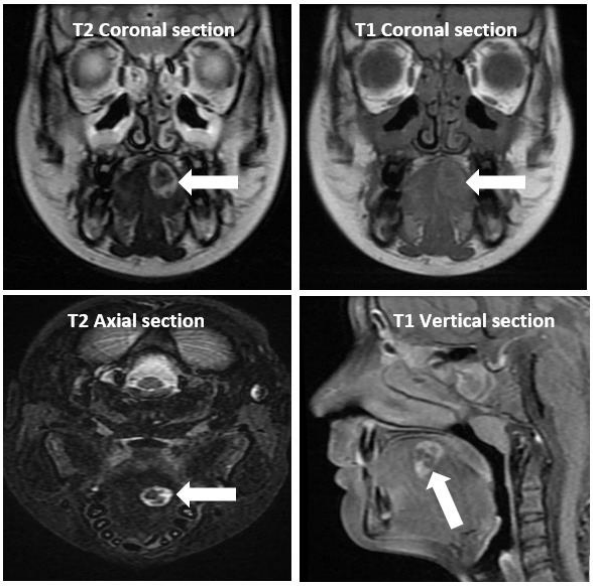

Figure 2: Left sided lesion visualized on MRI sections

DISCUSSION

Hemangiomas are rapidly growing lesions that usually appear in the first few weeks of life, but then regress spontaneously (1). However, in this case, there was a recently rapidly growing hemangioma that was not present at birth. Periodic enlargement and shrinkage of the lesion were observed in the patient's follow up.

It is known that CT and MRI are very successful in the diagnosis of hemangiomas as in other lesions of soft tissues (7,8). In this case, the lesion was evaluated as a hemangioma according to the MRI findings. In addition, the presence of growth and shrinkage periods observed in the clinical course indicates that the lesion is a hemangioma (9).

Although hemangiomas are seen quite frequently in the head and neck region in children, their localization on the tongue in the oral cavity has been reported very rarely. According to the size of the hemangioma located in the tongue, it is known that swallowing and speech disorders are observed. In this case, the patient reported with the complaint of speech disorder. Oral cavity problems have an important place in speech disorders in children. Ankyloglossia, cleft palate, tooth loss, dental problems are known to cause speech disorders (10-12).

The causes of speech delay in children are quite diverse. Many reasons such as mental retardation, hearing loss, maturational language delay, verbal expression disorder, mixed language perception and verbal expression disorder, bilingualism, psychosocial deprivation, autism, selective mutism, cerebral palsy can cause delay in speech. Detailed evaluation of the oral cavity is the first step in determining speech problems (13).

In this case, there was no problem with speech delay, but there was a speech disorder that developed later. Since the hemangioma was found to be located on the left side of the tongue of the patient caused problems in removing certain letters, so it caused speech disorder. No neurodevelopmental problems were observed in the patient.

Due to the basic principles of the family medicine branch, its close relationship with the family in accordance with its core competencies, and its holistic approach to the disease, the family practice is often the first point of application for the families. At this point, there may be important problems underlying the problems that are sometimes considered to be ignored by the family. At this point, even the smallest information given by the family in the anamnesis should be listened carefully and a detailed physical examination should be performed. In this case, a tongue hemangioma emerged under the family's complaint, which was vaguely described as a mispronunciation of some letters. Therefore, it is important to examine the oral cavity in details in patients presenting with speech disorder or speech delay, and to determine whether there are problems with the patient palate, teeth, ankyloglossia, as it is necessary not to neglect the physical examination in all other complaints.

A complete history taking and careful physical examination are key points in the diagnosis and detection of the underlying disease in primary care. This is especially important for patients presenting with speech problems.

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