

Case Report

Lacerated wound over posterolateral part of tongue: an unusual case report

Suresh R. Chandak*, Shashank Adgudwar

Department of Surgery, Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha-442005, Maharashtra, India

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***Correspondence:**

Dr. Suresh R. Chandak,

E-mail: srchandak@rediffmail.com

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ABSTRACT

Incised wound, cuts and lacerations over anterior 2/3rd of tongue is common but laceration over posterior part of tongue is not documented in literature. An adult female came with injury inside the oral cavity with active bleeding from laceration over posterior part of tongue which has been sutured primarily under local anesthesia.

Keywords: Laceration, Tongue, Suturing

INTRODUCTION

Tongue biting in seizures has been extensively described. Lateral tongue biting is 100% specific for epileptic seizures and may be helpful in differentiating seizures from syncope and pseudoseizures.¹

The incised wound, cuts, abrasion and avulsion injury of anterior part of tongue is common in road traffic accident, seizures and in drunken person. The most common location for a lacerated tongue injury is the anterior dorsum of the tongue. A fall at home is the most common situation. The next most common locations are mid dorsum and anterior ventrum. The frequency of injury reduces from anterior to posterior on both surfaces.² Posterior part of tongue rarely sustains injury. Hemorrhage and disfigurement are the two most common concerns in these injuries, although loss of function, infection and swelling that compromises the airway are also mentioned as sequelae. Main goal of treatment is to preserve function of tongue like speech, swallowing and taste.

The largely literature on tongue lacerations can confuse clinicians. Andreasen³ suggest suturing both dorsum and lateral border injuries. Powers et al.⁴ suggest loosely suturing tongue wounds and placing deep sutures in layers. Donat et al.⁵ recommends suturing only wounds larger than 2 cm or when hemorrhage is a concern. English⁶ agrees that small laceration need not be sutured when wound margins are in good approximation. Toulukian⁷ warns that suturing may predispose to invasive, closed space infection.

CASE REPORT

A 45 years old lady came to casualty in the morning hours with bleeding from oral cavity with laceration over posterior part of tongue. She attempted suicide by keeping sedative tablets in oropharynx. Her husband has noticed it while quarreling with him. Immediately he has tried to extract those tablets by inserting his finger inside her oral cavity. While withdrawing finger out his metal ring in index finger injured and created laceration over posterior part of tongue.

On oral cavity examination there was laceration of approximately 5cm x1cm over posterolateral part of tongue with active bleeding.

She was conscious, cooperative and hemodynamically stable with normal respiration.

After routine investigation lacerated wound primarily sutured with 1-0 absorbable suture material (polyglactin 910) under local anesthesia and discharged in the evening.

Initially she had difficulty in swallowing for a week. Later on she became alright.



Figure 1: Preoperative: laceration over posterolateral part tongue.

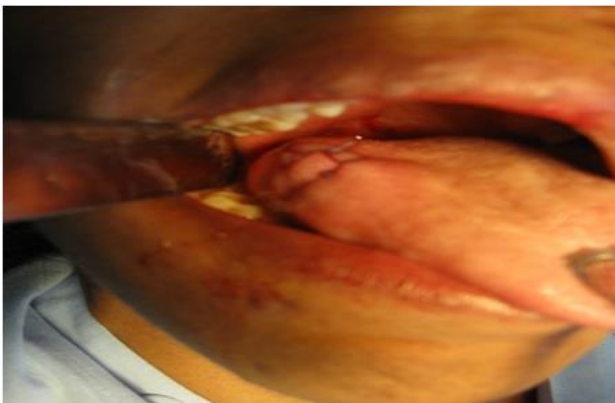


Figure 2: Postoperative: laceration repaired.

DISCUSSION

The tongue is a muscular organ that sits on the floor of the oropharynx. It is enveloped by mucosa and contains glands, sensory organs, and 4 pairs of extrinsic muscles. The tongue is essential for several important functions, including normal articulation of the jaw, taste, manipulation of food, swallowing, and the production of normal speech.

From anterior to posterior, the tongue has 3 surfaces: tip, body, and base. The tip is the highly mobile, pointed anterior portion of the tongue. Posterior to the tip lies the body of the tongue, which has dorsal (superior) and ventral (inferior) surfaces. Injuries to the tongue, are often treated in the emergency department or other acute care settings. A tongue laceration is often the result of a fall, seizure, or other blunt force mechanism.⁸ Piercings, intoxication, and iatrogenic cause are also commonly associated with tongue injury.^{9,10} Lacerations secondary to seizures are most often found to the side of the tongue.¹¹ Because of the tongue's generous blood supply, most tongue lacerations do not become infected and many heal well without repair. The goals of laceration repair of the tongue are to attain adequate closure, minimize complications, preserve mobility, and optimize articulation and deglutition.

While uncommon, practitioners should keep in mind that such injuries can be the result of physical abuse, especially in children.¹²

Tongue laceration is common injury over anterior part of tongue but injury over posterior part is rare. Thorough oral cavity examination is necessary to rule out any associated injury in other part of injury. Main goal is to achieve hemostasis to prevent aspiration in unconscious patient and to preserve the physiological function of tongue.

It can be repaired under local anesthesia with absorbable suture material.

CONCLUSION

Laceration over posterior part of tongue is rare type of injury. It can be repaired under local anaesthesia in cooperative adult patient. There is no disturbance in swallowing, speech and taste.

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