

Osseous Tongue Mass

Kemiksi Dil Kütlesi

Jeyasakthy Saniasiaya, Azwarizan Abdul Halim, Norhaslinda Abdul Gani

Department of Otorhinolaryngology, Hospital Tuanku Ja'afar, Jalan Rasah, 70300 Seremban, Negeri Sembilan, Malaysia

ABSTRACT

Osseous choristoma is a benign osseous lesion found on the dorsum of tongue which is commonly discovered in the 3rd and 4th decade of life. The lesions mostly presents as an asymptomatic mass and is found incidentally during dental procedure or oral cavity examination. Having said that, globus sensation, dysphagia and even airway obstruction have been reported.

Key Words: Lingual; choristoma; osseous

Received: 12.26.2018

Accepted: 09.26.2019

ÖZET

Osseöz koristom, dil dorsumunda yaşamın 3. ve 4. on yılında sıkça keşfedilen iyi huylu bir osöz lezyondur. Lezyonlar çoğunlukla asemptomatik bir kitle olarak ortaya çıkar ve tesadüfen diş prosedüründe veya ağız boşluğu muayenesinde bulunur. Bunu söyledikten sonra, globus hissi, disfaji ve hatta hava yolu tıkanıklığı bildirilmiştir.

Anahtar Sözcükler: Lingual; koristom; kemiksi

Geliş Tarihi: 26.12.2018

Kabul Tarihi: 26.09.2019

ORCID IDs: J.S. 0000-0003-1974-4379, N.A.G. 0000-0002-4725-6666

Address for Correspondence / Yazışma Adresi: Jeyasakthy Saniasiaya, MD Department of Otorhinolaryngology, Hospital Tuanku Ja'afar, Jalan Rasah, 70300 Seremban, Negeri Sembilan, Malaysia E-mail: shakthy_18@yahoo.com

©Telif Hakkı 2020 Gazi Üniversitesi Tıp Fakültesi - Makale metnine <http://medicaljournal.gazi.edu.tr/> web adresinden ulaşılabilir.

©Copyright 2020 by Gazi University Medical Faculty - Available on-line at web site <http://medicaljournal.gazi.edu.tr/>

doi:<http://dx.doi.org/10.12996/gmj.2020.23>

A previously healthy 27-year-old pregnant female presented to ORL department for foreign body sensation over the throat past few months. There were no pain, peroral bleeding, dysphonia prior to this. Patient denies any foreign body ingestion or trauma. Besides that, there is no dysphagia, odynophagia or obstructive symptoms. Patient has no symptoms of hypothyroidism or hyperthyroidism.

Intraoral examination revealed a whitish mass measuring 1 x 1 cm over the junction between anterior two third and posterior one third of the tongue. (Figure 1) On palpation, the mass was smooth surface, bony hard consistency and non-tender. There was no similar swelling elsewhere. Flexible laryngoscopy revealed no abnormality. Computed tomography done revealed a hyperdense structure (HU 1000-1900) at the base of tongue measuring 0.5x0.7x0.8cm. Excision of mass was done under general anaesthesia. Intraoperatively, a bony hard mass was excised from the tongue base (Figure 2). There was no active bleeding post excision.



Figure 1: Whitish mass 1 x 1 cm over the junction between anterior two third and posterior one third of tongue



Figure 2: Bony hard mass excised between anterior two third and posterior one third of tongue

What is your diagnosis?

Answer: Osseous Choristoma

The histopathological examination of the excised mass revealed thick trabeculae of lamellar bone which is lined by benign osteoblast which is suggestive of osseous choristoma. Patient was well post-operative with no evidence of recurrence noted upon follow up.

Choristoma is defined as a normal tissue that is present in an abnormal location. The most common location of this mass is dorsum of the tongue at the foramen caecum(1) in our case. Choristomas within the oral cavity maybe composed of different tissue types including bone, cartilage, gastric mucosa, glial tissue and tumour-like masses of sebaceous glands. (2) This benign lesion affects female four times more common than males(3).

Despite the myriad theories which exist till date on its pathogenesis, the two notable theories are the developmental malformation theory and the reactive post-traumatic theory. (4) Based on the developmental theory, remnants of the branchial arch which undergoes endochondral ossification leads to formation of this mass. As for the post-traumatic theory, metaplasia and calcification following recurrent trauma which causes a local tissue reaction predisposes to this bony mass.

The most common presentation of this rare osseous mass are asymptomatic swelling. Symptoms oftentimes correlates with the size and localisation of the mass.

Differential diagnosis of lesions over the base of tongue includes hemangioma, lymphangioma, fibrous tumours, lingual thyroid, ectopic thyroid tissue.

Surgical excision remains the treatment of choice with no evidence of recurrence or malignant transformation. Despite that, definitive diagnosis can only be made following histopathological examination of the mass. (5)

Conflict of interest

No conflict of interest was declared by the authors.

REFERENCES

1. Krolls SO, Jacoway JR, Alexander WN. Osseous choristomas (osteomas) of intraoral soft tissues. *Oral Surg Oral Med Oral Pathol.* 1971;32:588-95.
2. Chai RL, Ozolek JA, Branstetter BF, Mehta DK, Simons JP. Congenital Choristomas of the oral cavity in children. *Laryngoscope.* 2011;121:2100-2106.
3. Lin C, Chen C, Shen Y, Lin L. Osseous Choristomas of Oral Cavity. *Kaohsiung J Med Sci.* 1998;14:727-33.
4. Vared M, Lustig JP, Buchner A. Lingual Osteoma: A debatable entity. *J Oral Maxillofac Surg.* 1998;56:9-13.
5. Saniasiaya J, Mohamad I, Abdul Ghani M, Hoo HL. Lingual Choristoma. *Brunei Int Med J.* 2015;11:3109-21.