

Case Report

Lingual Hematoma: A Rare Presentation

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Abstract

Lingual hematoma is a rare cause of airway compromise and is usually seen secondary to use of anticoagulants, which exerts effects on coagulation cascade, and also causes thrombocytopenia. The patient in this case report presents with a lingual hematoma which is not related to the use of any anticoagulants. Luckily, the hematoma did not enlarge enough to cause obstruction of airway requiring tracheotomy. However, the cause of the hematoma is deduced to be due to husk - injuring the tongue mucosa. This case is unique in its rare presentation as well as the cause for the hematoma in our report has never been reported in literature.

Keywords: Lingual hematoma; Anticoagulants; Airway obstruction; Traumatic

Case Presentation

A 38 year old lady presented to our tertiary care hospital with a history of rapid enlargement of a painless swelling over the tongue, acute in onset, progressed within a matter of a few hours. She gave history of ingestion of beaten rice for breakfast following which she noticed the swelling. There was no history of any prior medication, especially anticoagulants. On examination, a 4x3 cm ovoid swelling was noted over the dorsum of tongue, just anterior to the circumvallate papillae (Figure 1). On indirect laryngoscopy, there was no other abnormality over the base of tongue or in the endolarynx. There was no airway compromise; however there was a muffled voice owing to articulatory difficulty and mild dysphagia.

The patient was admitted to our hospital and observed in view of further increase in the size of the swelling. The patient was treated conservatively with intravenous antibiotics and anti-inflammatory drugs, and improved drastically. The next day, the swelling had regressed in its size (Figure 2). She had improved symptomatically and regained her normal voice and swallowing. She was discharged on oral antibiotics, and when she came for review after 1 week the swelling had completely disappeared.

Discussion

Acute enlargement of the tongue is rare but a recognised airway hazard that has been classified by Renehan and Morton [1]. Categories include haematoma resulting from trauma, vascular anomalies or coagulopathy; and also oedema, infarction and infection. Trauma caused by road traffic accident [2,3], dental surgery [4] and tongue biting in seizure [5] have been described. Warfarin appears in several cases as a factor in spontaneous lingual haematoma [6]; additionally streptokinase [7] and haemophilia [8] have been implicated in isolated reports. Penetrating injuries to tongue mucosa carry a risk of lingual swelling and hematoma formation which may result in airway compromise. Progressive lingual and sublingual swelling displaces the tongue posteriorly and cephalad eventually producing dysphonia, drooling of saliva, dyspnea and finally stridor, heralding upper airway obstruction. A minority of cases in the literature have indicated a causative factor for sublingual hematoma arising from



Figure 1: Lingual hematoma following a husk injury.



Figure 2: Lingual hematoma which has partially resolved.

trauma alone without any anticoagulation significance, such as after oral surgical procedures. It is also worth acknowledging the necessity of surgical drainage versus non-surgical intervention as in the case of the sublingual hematoma. The majority of previously described cases have found spontaneous resolution of the hematoma once coagulation is normalized [9].

In conclusion, lingual hematomas can quickly develop into a life threatening condition, and early recognition, prompt medical treatment and continuous clinical monitoring are necessary to prevent the need for a surgical airway procedure.

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