Frogspawn Tongue

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A 19 year old male was referred to our clinic from an interventional radiologist for a tongue lesion. The patient presented with a history of vesicular lesions over the tongue since 4 years of age which was asymptomatic initially but later increased in size with on and off bleeding episodes. Patient denied any other comorbidities. His systemic examination was normal. On examination of the tongue, there were clusters of small blue-black vesicles, more over the ventral and left lateral aspect of the anterior two thirds of the tongue and some over the dorsum (Figure 1). They were not tender but bled on touch. He was referred to us after an angiography which was negative for any arteriovenous malformations. A diagnosis of Lymphangioma circumscriptum, most common form of cutaneous lymphangioma, was made. He was advised laser ablation therapy.

Lymphangioma circumscriptum is a congenital lymphatic malformation of the superficial lymphatics that is localised to an area of skin, subcutaneous tissue or a muscle. It is the most common form of cutaneous lymphangioma.¹ It is usually noted at birth or during early childhood but can present at any age.² Axillary folds, shoulders, flanks, proximal limbs or perineum are the most common presenting area. Only very few cases are reported on lymphangioma circumscriptum presenting in the tongue.³ Clinically the condition is painless, noninflammatory and manifests with fluid filled vesicles which may be discrete or grouped into structures resembling frogspawn.²⁻³ They may be translucent or may vary in colour from red to blue-black if they contain blood which sometimes bleeds on touch.³ Whimster⁴ described the pathology of lymphangioma circumscriptum as a collection of subcutaneous lymphatic cisterns with a thick muscular coat communicating through dilated channels with the superficial vesicles. The clinical differential diagnoses include hemangioma, vascular malformations, neurofibroma, thyroglossal duct cyst, lingual thyroid, dermoid cyst, granular cell tumor and heterotopic gastric mucosal cyst.³ The presence of presence of superficial, tiny vesicles with or without hemorrhage is a clue to the diagnosis of lymphangioma circumscriptum. Histopathological examination reveals dilated lymphatics, solitary or grouped, particularly in papillary dermis containing lymph or blood.⁶ Magnetic resonance imaging and lymphangiography may be useful in determining the extent of the disease.³⁵ Treatment is indicated only in symptomatic patients or for cosmetic reasons. Surgical excision, carbon dioxide laser ablation, sclerotherapy with bleomycin or OK432 (It is a heat and penicillin treated lyophilised powder of Su strain of Streptococcus pyogenes) or hypertonic saline, cryosurgery, electrocautery are tried¹³ but satisfactory results are obtained only in a few. Recurrence rates are high.⁵⁷

References

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