Case Report

Non Syndromic Bifid Tongue: A Rare Case Report

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Abstract

Growth and development of human body is a well executed process. Even a mild disturbance can have clinically significant manifestations later on. Bifid tongue is said to be associated with various syndromes. But congenital bifid tongue occurring in the absence of other orofacial abnormalities is very rare. Hence, here we discuss a case of bifid tongue involving the anterior one-third of tongue, reported in a 22-year-old female patient unusually with no other intraoral abnormalities.

Key words: Bifid tongue, Non syndromic

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Introduction

Development of tongue takes place around 4th week of intra uterine life. It originates from the median swelling, tuberculum impar of the floor of the pharynx and two lateral lingual swellings joining the central structure. The lateral lingual structures rapidly grow and cover the tuberculum impar to form the anterior two-thirds of the tongue. When this process is disturbed, tip of the tongue is divided longitudinally for a certain distance giving rise to cleft tongue/bifid tongue. The occurrence of bifid tongue in the absence of other orofacial abnormalities is a rare entity by itself and usually receives attention much later compared to those seen in association with certain syndromes.[1]

Case Report

A 22 year old female patient reported to the dental OPD of Jaipur Dental College with a chief complaint of decay of tooth in the lower left back region since 6 months without any history of sensitivity or pain. On extraoral and intraoral examination no abnormality was detected but bifid tongue was noticed without ankyloglossia or any other abnormal findings. Patient was aware of it and was asymptomatic. The patient was healthy, vitals were well within normal limits and he had no contributing family/medical history.

Discussion

It has been reported that median tongue clefts only to be associated with orofacial digital syndromes type I, II, IV and VI. [2,3,4]

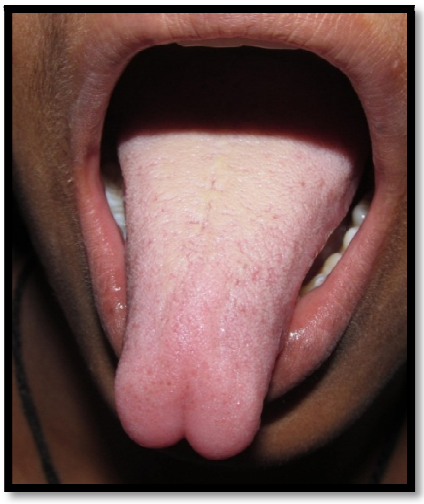

Figure 1: Clinical picture of the patient showing bifid tongue

These syndromes are all associated with median lip and/or mandibular clefts and digital variations. Case reports of median tongue clefts in the literature show mostly a combination with a cleft of the median lower lip.[5,6,7] Bartholdson et al described a baby boy with a bifid tongue combined with a cleft palate.[8]

Bifid tongue has been reported in syndromic cases like Opitz G BBB syndrome, oral-facial-digital syndrome type I, Klippel-Feil anomaly and Larsen syndrome. [9 – 12] Bifid tongue has also been reported as a rare feature associated with infants of diabetic mother syndrome. Tongue piercing also has been reported with bifid tongue. But our case was not associated with any syndrome or any other associated orofacial abnormalities, genetic predisposition, tongue piercing or history of postnatal trauma.

Conclusion

Cleft tongue/Diglossia are different names given to bifid tongue. Though, many orofacial syndromes are associated with it but our case cannot be put in any well defined syndrome. Hence, we gave a diagnosis of nonsyndromic bifid tongue.

References

1. Emmanouil-Nikoloussi EN, Kerameos-Foroglou C. Developmental mal-formations of human tongue and associated syndromes (review). Bull Group Int Rech Sci Stomatol Odontol 1992;35:5-12.
2. Martinot VL, Manouvrier S, Anastassov Y, Ribiere J, Pellerin PN. Orodigitofacial syndromes type I and III: Clinical and surgical studies. Cleft Palate Craniofac J 1994;31:401-8.
3. Mattei JF, Ayme S. Syndrome of polydactyly, cleft lip, lingual hamartomas, renal hypoplasia, hearing loss and psychomotor retardation: Variant of the Mohr syndrome or a new syndrome?. J Med Genet 1983;20:433-5.
4. Wey PD, Neidich JA, Hoffmann LA, LaTrenta GS. Midline defects of the orofaciodigital syndrome type VI (Varandi syndrome). Cleft Palate Craniofac J 1994;31:397-400.
5. Chidzonga MM, Shija JK. Congenital cleft of the lower lip, bifid tongue with ankyloglossia, cleft palate and submental epidermoid cyst: report of a case. J Oral Maxillofac Surg 1998;46:809-12.
6. Ishii M, Moriyama T, Enomoto S, Ono T, Ohyama K, Kuroda T. Seventeenyear follow-up of a patient with median cleft of the lower lip, mandible and tongue with flexion contracture: A case report. Cleft Palate Craniofac J 2002;39:359-65.
7. Martinot-Duquennoy V, Bardot J, Magalon G. Median cleft of the lower lip. Apropos of a case. Ann Chir Plast Esthet 1991;36:480-5.
8. Bartholdson L, Hellstrom SO, Sonderberg O. A case of double tongue. Case report. Scand Plast Reconstr Surg Hand Surg 1991;25:93-5.2.
9. Mihci E, Tacoy S, Ozbilim G, Franco B. Oral-Facial- Digital Syndrome Type 1. Indian Pediatrics 2007;44:854-6.
10. Orhan D, Balci S, Deren O, Utine EG, Basaran A, Kale G. Prenatally

diagnosed lethal type Larsen-like syndrome associated with bifid tongue. Turk J Pediatr 2008;50:395-9.
11. Orhan D, Balci S, Deren O, Utine EG, Basaran A, Kale G. Prenatally diagnosed lethal type Larsen-like syndrome associated with bifid tongue. Turk J Pediatr 2008;50:395-9
12. Parashar SY, Anderson PJ, Cox TC, McLean N, David DJ. Management of Opitz G BBB Syndrome. Ann Plast Surg2005;55:402-7.

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