Management of Anterior Tongue Mass in Neonates

Kenneth Andrews, MD; Scott Rickert, MD
New York University Medical Center Department of Otolaryngology

ABSTRACT

Case 1

HPI:
Ex 38 week female born by spontaneous vaginal delivery at home to 24 yo G2P2

Pre-natal ultrasound on 6/15 demonstrated 2.5 cm anterior tongue mass, slightly increased from 2.3 cm on previous study

Transferred from OSH to Bellevue NICU over concerns of potential airway compromise secondary to anterior tongue mass

PE:
Vitals within normal limits, O2 Sats > 98%
Breathing comfortably on RA, no nasal retractions/flaring

Physical exam otherwise unremarkable

Labs: unremarkable

MRI: 4x3 cm mass T1 hypointense and markedly T2 hyperintense

Taken to OR on 3rd day of life

Decompensated in OR during attempted nasotracheal intubation

Emergent aspiration of cyst followed by incision and drainage with biopsy and marsupialization of cyst wall

25 cc serous straw colored fluid aspirated

Extubated and tongue stitch removed POD2

Discharged to home POD3 day feeding well

Returned for definitive excision 1 week later with no evidence of re-accumulation at 6 mo f/u

Case 2

HPI:
3 mo ex 40 week male born by SVD with history of polydactyly, post-partum epidural bleed, hydrocele and enlarging anterior tongue mass

PE:
Vitals within normal limits
Breathing comfortably on RA
Right lateral tongue lesion approximately 2x1.5cm with multiple approximately 0.5x0.5cm pedunculated tongue lesions along anterior and left lateral tongue
Right 6 cm hydrocele
6 fingers and 6 toes bilaterally

Labs: unremarkable

Extubated and tongue stitch removed POD 1

Discharged POD 2 on augmentin

Pathology: Infiltrating submucosal lipoma with central vascular malformation and microscopic dermoid cyst

CONCLUSIONS

Optimal perinatal management requires close coordination between obstetrics, pediatrics, anesthesia and otolaryngology

If discovered on pre-natal U/S, MRI may be beneficial to evaluate patency of airway (Houshmand et al)

Ex-utero intrapartum needle drainage of cyst vs tracheotomy can be performed emergently at time of delivery (Hall et al)

REFERENCES
