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RESEARCH ARTICLE

SOLITARY LINGUAL ABSCESS CASE REPORT AND LITERATURE REVIEW

Luis Miguel Méndez Saucedo^{1*}, Claudia Alejandra González Prado García², Natalia Montemayor Peña², Francisco Javier Mancilla Mejía², Laura Serrano Salinas², Ivonne Esperanza Zayas Lara², Sandra Leticia Aguilar Vázquez², Abraham Hernández Mundo² and Silvia Lissette Dirzo Cuevas²

¹Medical Resident, Otorhinolaryngology Head and Neck Surgery, Centro Médico Naval, SEMAR, Mexico City, Mexico

²Medical Doctor, Department of Otorhinolaryngology Head and Neck Surgery, Centro Médico Naval, SEMAR, Mexico City, Mexico

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ABSTRACT

The lingual abscess is rare, it is important to know how to detect it in time since it can be confused with another type of pathology and is life-threatening. **Objective:** To present a clinical case of a rare entity that may compromise the airway as well as the most appropriate approach and treatment. The tongue is an area that is considered resistant to infection and that is constantly exposed to trauma. **Clinical case:** A 79-year-old diabetic male, with a clinical picture suggestive of lingual pathology, with an increase in the volume of the tongue that feels fluctuating and painful with simple and contrasted tomography where a purulent collection was observed. Surgical drainage and impregnation with antibiotics were performed. **Results and conclusion:** after intravenous impregnation for 3 days with a double antibiotic scheme and surgical drainage, the patient presented a fast and satisfactory recovery.

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INTRODUCTION

The lingual abscess is rare, it is important to know how to detect it in time since it can be confused with another type of pathology and is life-threatening (Pallagatti et al., 2012; Jungell et al., 1996). It is estimated that in the last 30 years there have been reports of approximately 50 cases in the literature (Jungell et al., 1996; Antoniadis, 2004). It is more frequent that it occurs in the senile stage and / or with comorbidities because the defense mechanisms are compromised.³ The tongue is an area that is considered resistant to infections and that is constantly exposed to trauma, which break the barrier mechanisms and when there are immune disorders, increases the risk of infections (Kiroglu, 2006; Sands et al., 1993).

Objective: To present a clinical case of a rare entity that may compromise the airway as well as the most appropriate approach and treatment.

Clinical case: A 79-year-old male with controlled diabetes, a history of dental instrumentation a week prior.

His condition began 7 days before the consultation, secondary to trauma to the tongue (biting) on the left lateral border, he presented pain, progressive increase, difficulty speaking, sensation of a foreign body, sialorrhea, dysphagia, later it started with fever, asthenia, adynamia, little fluid intake and no food tolerance. During the physical examination, we found skin with a slight jaundiced tinge, jaundiced sclera, a dehydrated oral cavity, mucosa, poor dental hygiene, a soft and hard palate without alterations, a mobile tongue, a tongue burner, increased volume in the left

tongue, hyperemic, drainage site in the anterior third with purulent discharge, it can be felt fluctuating and painful (picture 1,2), the floor of the mouth, left side, redundant mucosa without fluctuations or edema. Simple and contrasted tomography is performed. (Picture 3,4,5). Surgical drainage was performed, washed with antiseptic, impregnation of antibiotics for Gram + and anaerobes for 3 days. Laboratory report: Streptococcus sp., and antimicrobial adjustment is performed.

*Corresponding author: Luis Miguel Méndez Saucedo

Medical Resident, Otorhinolaryngology Head and Neck Surgery, Centro Médico Naval, SEMAR, Mexico City, Mexico.



Picture 1, 2. Saburral tongue with increased volume in the left tongue, hyperemic, drainage site in the anterior third with purulent discharge.



Picture 3,4, 5. Simple and contrasted tomography of the neck showing a hypodense image in the thickness of the geniogloss of 26 x 25 x 23 mm, with peripheral reinforcement after the administration of the contrast medium, which causes an increase in the size of the tongue



DISCUSSION AND CONCLUSION

The lingual abscess is an infrequent entity, being more notable in smokers, patients with poor oral hygiene, immunosuppressed or diabetics, as in our case, which, if left untreated, can be life-threatening. Our patient presented local trauma when biting, going unnoticed, which could have been his causal factor. The mouth is infested with anaerobes that, when penetrating to soft tissues, can cause infection. The possible origin of the organisms could be from infected dental organs, as it was in our patient. Differential diagnoses of tongue lesions include a false lingual artery aneurysm, tuberculosis, syphilitic gum, carcinoma.² Therefore, an injury involving the tongue should be documented, diagnosed, and addressed immediately.

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