Hypertrophied Lingual Tonsil an Interesting Case Report and A Review of Literature

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Abstract

This interesting case report discusses a case of hypertrophied lingual tonsil.Commonest cause of lingual tonsil hypertrophy is compensatory enlargement following tonsillectomy, next comes GERD which is common in children. Even though such huge enlargement of lingual tonsil is rare, it can be troublesome if it occurs.

Introduction

Lingual tonsil is a component of Waldayer's inner ring. Very rarely it may undergo hypertrophy leading on to problems confined to the oropharynx. Patients with lingual tonsil enlargement may present with:
1. Sticky sensation in the throat
2. Difficulty in swallowing
3. Painful swallowing

Case Report(s)

History:
Patient gave previous history of undergoing tonsillectomy 6 years back.

On examination:
Throat: Lingual tonsils on both sides were found to be enlarged, reducing the space between the posterior third to tongue and uvula. Patient showed no evidence of cervical adenitis.

Clinical diagnosis: Compensatory hypertrophy of lingual tonsil following tonsillectomy.

Management

1. Course of antibiotics and anti inflammatory drugs if there is evidence of active infection
2. A course of anti reflex therapy also would be of help
3. Surgery is indicated if medical management fails. The causative factor should be sought and treated. Even though complete extirpation of lingual tonsils difficult, even partial debulking of the mass would do the job.

Discussion

This lingual component of Waldeyer’s ring [2] is composed of lymphoid follicles histologically similar to that of palatine tonsils. They are two in number situated just posterior to the circumvallate papillae of tongue, just anterior to the vallecula. The lingual tonsils are divided in midline by the median glossoepiglottic ligament. Lymphoid tissue in the lingual tonsils rests on the basement membrane of fibrous tissue which could be considered to be analogous to tonsillar capsule. Lingual tonsil is lined by stratified squamous epithelium.

Blood supply of lingual tonsil: Arterial:
1. Ascending pharyngeal artery
2. Dorsal branch of lingual artery

Venous:
Venous drainage of lingual tonsils via the plexus present in the tongue base. Innervation:
1. Glossopharyngeal nerve
2. Superior laryngeal branch of vagus nerve

Lymphatics:
Lymphatics drain into suprahyoid, submaxillary and upper deep cervical nodes.

Causes of lingual tonsil hypertrophy:
1. Compensatory hypertrophy following Adenotonsillectomy [3]
2. GERD (Common in children)
3. Chronic infections These patients usually present with the following symptoms:
1. Pain and irritation in the throat
2. Sticky sensation in the throat
3. Dysphagia
4. Cough – Is usually caused due to irritation of epiglottis and posterior pharyngeal wall
5. Obstructive sleep apnoea
6. Muffled voice (Rhinolalia clausa)
Acute lingual tonsillitis usually improves with a course of antibiotics. Chronically inflamed lingual tonsils will have to be removed surgically.
References

2. N Jesberg, Chronic hypertrophic lingual tonsillitis, Arch.otolaryngology.64 (1956) 3-13
Illustrations

Illustration 1

Image showing lingual tonsil
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