Conclusion
Albeit rare entities, we experienced nine pediatric cases with various tongue base masses and achieved a satisfactory surgical success rate. Endoscopic surgery provided better exposure, visualization, and access. It is a feasible, safe, and effective technique for use in pediatric patients.

Introduction
Pediatric tongue base masses mostly presented as congenital, infectious, and benign neoplasms, are usually benign lesions, however, can cause acute or life-threatening airway obstruction or chronic respiratory distress as well as cosmetic, swallowing speech and feeding problems. To prevent such unfavourable outcomes, early diagnosis and appropriate management are essential.

Objective
To present our clinical and surgical experience in pediatric tongue base masses.

Methods
We retrospectively reviewed pediatric cases presented with a tongue base mass in our department from August 2010 to January 2018.

Results
The mean age of seven female and two male pediatric cases was 13.6 months (range, 2-38 months). All patients were treated surgically. Preoperative diagnostic test battery included flexible endoscopy, direct laryngoscopy, contrast-enhanced magnetic resonance imaging (Fig. 1), and thyroid function tests. Surgeries were done under general anaesthesia via transoral (n=2), transoral endoscopic (n=5), and direct laryngoscopic (n=2) routes. The solid lesions were excised (n=4) with safe surgical margins where the cystic ones were widely marsupialised (n=5). Histopathological evaluation revealed ductal cyst (n=2) (Fig. 2), hamartomatous polyp (n=1), thyroglossal duct cyst (n=1), mucocele (n=1), hemangioma and actinomycosis (n=1), squamous cyst (n=1), pyogenic granuloma (n=1), and pyogenic granuloma with actinomycosis (n=1). None of the patients required a tracheotomy except a five-months-old girl who was decannulated postoperatively. The mean follow-up duration was 11 months (range, 0-49 months). Among eight surgeries, recurrence was seen only in one case with a pyogenic granuloma and actinomycosis.