RARE SUBLINGUAL SPACE BENIGN TUMOR IN A 2 YEAR OLD FEMALE PATIENT

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A sublingual mass in a young child could be interfering with the process of swallowing and breathing thus affecting growing and even causing a potentially life-threatening condition. The sublingual mass was surgically removed en block and send for histopathological examination.

Objectives: We present a case of a 2 year old female patient with a bulgy, solitary, painless, palpable, slowly growing mass on the right sublingual space causing feeding difficulties.

Methods: During diagnostic procedure, ultrasound was performed, a uniform solid mass of 21x16mm was found. MRI was suggested that depicted a solid mass in the tongue with atypical characteristics. In T2 sequence the mass showed an intermediate signal, while in T1 signal was similar to the muscles of the tongue. Several linear low signal findings were shown in T2, as well as a low uptake of paramagnetic substance. Moreover, the tumor seems to uptake gadolinium. In block surgical removal of the mass under general anaesthesia was performed.

Histological examination describes a 3,5x2,5x2,5cm microlobular, well defined mass, surrounded by a pseudocapsule (pic 3). Immunocytochemistry revealed antigens against bcl-2, Calponi, CD34, CD57, Desmin, S100P and VIM antibodies. Studies with markers GFAP, KER AE 1,3, EMA, CK7, p63, CK 8/18, SMA were negative. A few scattered cells with the use of Ki-67 marker were found to be in a proliferation state.

Results: The morphology of the mass along with the immunophenotype is suggestive of a non-ossified fibro-cartilaginous-myxomatous benign tumor, that is an undifferentiated soft tissue benign tumor. Despite the phenotype suggestive of a peripheral nerve sheath origin tumor, final diagnosis actually remains inconclusive.

Conclusions: A rare case of a benign undifferentiated soft tissue tumor in the sublingual space is reported. The differential diagnosis ranges from common ranula and sublingual dermoid cyst to scattered cases of lipoma, primary yolk sac tumor, epidermoid cyst, lymphatic malformations, imperforate submandibular duct, giant cell granuloma, lymphoepithelial cyst, lingual cyst, teratoid cyst, angiomyxoma, paragaglioma, myofibromatosis. Definite removal and histopathologic examination is mandatory and occasionally life-saving.