Summary

The tongue is a complex anatomical muscular structure. Many disease affected the tongue ranging from different congenital anomalies to carcinoma.

Infection is a less common clinical entity of the tongue and this is partly due to continuous movement of the tongue and partly due to rich blood supply of the tongue

The furred tongue is a common benign condition caused by hypertrophy of the filiform papillae. Clinically it presents as a complete or partial white coating of the anterior tongue giving the appearance of thin white fur for which the condition is named. The furring may vary in color from white to brown.

Fissured tongue presents as a central long deep groove on the dorsal tongue with multiple irregular side grooves. The fissures can occur elsewhere on the dorsal tongue, including the lateral margins. Papillae are present in the fissures up to a limited depth. In marked fissuring, the deeper portions may be without papillae contributing to bacterial overgrowth and inflammation.

Median rhomboid glossitis clinically appears as a rhomboid-shaped plaque in the central tongue with surface changes of hypertrophy or atrophy.

Sublingual varices are benign vascular dilatations. Patients may note a discoloration of the ventral tongue. In this condition the lingual veins become dilated and tortuous, causing the blue nodularity on the ventral tongue. The varices are usually asymptomatic and incidentally noticed by the patient.

Macroglossia is enlargement of the tongue out of proportion to the jaw size. The condition may be congenital or acquired. On examination the tongue appears large within the mouth.

Tongue-tie occurs more commonly in males—with a male-to-female ratio on the order of 3 to 1, and shows no racial predilection.

Opinions range widely regarding the clinical significance of ankyloglossia. Some authors feel that ankyloglossia is only rarely symptomatic, whereas others believe it may lead to a host of problems, including infant feeding difficulties, speech disorders, and various mechanical and social issues related to the inability of the tongue to protrude sufficiently.

Dermoid cysts are uncommon lesions in the head and neck, with only 6.9% of dermoid cysts presenting in this region and only 21 dermoid cysts of the tongue reported in the English literature. Dermoid cysts are keratin-filled developmental cysts lined by stratified squamous epithelium and containing dermal appendages such as hair follicles, sebaceous and sweat glands.

Bifid tongue involving the anterior two thirds has been reported before. It may be an isolated deformity, or may be encountered in different syndromes such as median cleft syndrome, oralfacial-digital syndrome, or Klippel—Feil syndrome

Abscess of the tongue is a rare potentially life-threatening clinical entity. During the past 30 years, 50 cases of tongue abscess have been reported in the English literature, consisting mostly of single case reports. When the host defense mechanisms are impaired, tongue abscess is more likely to occur. Breached surface barriers, foreign bodies, and immunodeficiency status predispose to tongue infections.

Amyloid involvement of the tongue is almost universally secondary to systemic disease. The purpose of this article is to present a case of the more unusual localized, nodular form. The importance of a complete systemic workup

for amyloid is stressed because this can markedly change the expected morbidity and mortality.

Benign lymphoid hyperplasia (BLH) of the oral cavity and especially of the tongue is an uncommon, poorly understood entity which may be confused clinically and histologically with malignant lymphoma.

The tongue as a whole is the most common location for intraoral schwannomas to occur; however, it is quite rare to form schwannomas at the tongue base. Because schwannomas are quite rare in the oral cavity, they are often not immediately included in the differential diagnosis of oropharyngeal masses, causing delay in identification and treatment. Symptoms, however, can be significant as seen in our patient who experienced dysphagia and apnea severe enough to warrant tracheotomy. Patients with tongue base schwannomas may also complain of pain, swelling, fasciculations, loss of tongue control, and weight loss, although most are asymptomatic until the tumor reaches a significant size.

Alveolar soft-part sarcoma (ASPS) accounts for less than 1% of soft-tissue sarcomas. This extremely vascular tumor is most commonly found in the lower extremities (44%) and arises in the head and neck in 27% of cases, with 25% of head and neck cases occurring in the tongue. ASPS of the tongue is a slow-growing, painless mass that typically occurs in female patients between 15 and 35 years old.

Clear cell carcinoma (CCC) (also known as clear cell adenocarcinomas and hyalinizing clear cell carcinoma [HCCC]) is one of the rarest tumors of the minor salivary glands and infrequently occurs at the base of the tongue. It is classified as a low-grade epithelial neoplasm and has a female predominance

Most tongue base tumors arise from the mucosa and are squamous cell carcinoma (SCC). The differential diagnosis for masses of the tongue base includes normal lymphatic tissue, ectopic thyroid tissue, lymphoma, lipoma, hemangioma, schwannoma, granular cell tumors, benign and malignant tumors of minor salivary gland origin, rhabdomyosarcoma, and metastatic disease.

Excluding cases of post-radiation MFH and metastatic lesions of this neoplasm to the oral tissues from other primary locations, fewer than 45 cases of MFH arising in the hard or soft tissues of the oral cavity have been previously described. Five of these cases had the tongue as a primary site of MFH.

The imaging of oral cancers involves the evaluation of the primary neoplasm as well as searching the neck for metastases to lymph nodes. In most hospitals, primary oral neoplasms, like other head and neck neoplasms usually are evaluated by CT and MRI. The search for lymph node metastases also is usually performed with one of these modalities. Positron emission tomography (PET) is usually reserved for equivocal cases in institutions where it is available. It can be used to evaluate the primary neoplasm and to search for metastases. Some institutions also use ultrasound (US) to evaluate lymph nodes. Each of these modalities may play a role in the full evaluation of a patient who has an oral neoplasm. In addition, several new techniques that may aid in the diagnosis and staging of oral malignancies are being evaluated.

Fortunately, infectious disease of the tongue can be diagnosed with a good clinical examination, but on the other hand, cystic and solid lesions of the tongue can mimic each other. Thus, it is difficult to diagnose such cases with clinical examination only and there is a growing need for help of different radiological investigation.

From introduction of plain x-rays, the diagnosis of such lesions of the tongue become more accurate, especially with growing of radiological investigation and introduction of computed tomography and magnetic resonance imaging.

Reviewing the literature, proved that different radiological investigation (ultrasound, CT and MRI) were used extensively in diagnosis and follow up of different tongue lesions especially for differential diagnosis and this reflects the importance of these radiological modalities for tongue lesions.