Autoamputation of the tongue

A K Patel, P Chaturvedi, R K Panday, B Sanyal

Abstract
Autoamputation is an uncommon phenomenon that has been reported for the fingers, toes, appendix, ovary, spleen, etc. Autoamputation of the tongue has never been reported. An elderly man with carcinoma of lateral pharyngeal wall and tonsil presented with an autoamputated tongue that was attached to the oral cavity with a thin band. The patient required detachment of the tongue and tracheostomy followed by radiotherapy for the primary tumour.

Keywords: autoamputation; tongue

We wish to share a very interesting case of autoamputation of the tongue in an elderly man. To our knowledge this has not previously been reported in the literature.

Case report
A 70 year man noticed a ulcerated growth in the posterior part of the tongue. His primary complaint was difficulty in swallowing and repeated aspiration. He had taken herbal medicine for one year before presentation. There was no history of any surgical intervention and the nature of the herbal medicine could not be elicited. At the time of presentation his tongue was attached to the oral cavity by a 3 mm wide band of tissue in the region of the frenulum. The vascularity of the tongue was well maintained. The patient could remove whole of his tongue from his mouth (fig 1).

Intraoral examination revealed a small 1.5 × 1.5 cm lesion in the lateral pharyngeal wall and the tonsil. The tongue was divided from the band under local anaesthesia and tracheostomy was done to prevent aspiration. Biopsy of the lesion showed moderately differentiated squamous cell carcinoma. The patient received radiotherapy: 54 Gy in 25 fractions over five weeks. The tracheostomy tube was removed four weeks after completion of radiotherapy and the patient could swallow well. He was followed up for one year and had good disease control.

Discussion
Though autoamputation of various organs has been reported in literature—for example, the ovary, spleen, finger, toe, extremity, appendix, and penis—the tongue has never been reported in the past. Various reasons have been implicated as causes of autoamputation—for example, bands in congenital band syndrome, torsion leading to vascular compromise in the ovary, and vascular insufficiency in the appendix. Gall bladder, and penis. Ainbhum is yet another example of autoamputation involving toes (usually the fifth toe bilaterally) consequent to formation of an idiopathic constriction ring. It is reported predominantly in black people living in tropical regions. Certain systemic diseases are associated with autoamputation—for example, scleroderma, sickle cell disease, etc. Our patient did not have features of constriction band, vascular insufficiency, scleroderma, sickle cell disease, surgical intervention, or trauma. Vascular origin is ruled out because vascular insufficiency would have lead to necrosis of the tongue. Our patient had a vascular autoamputated tongue. In view of the recent onset of the problem congenital aetiology is ruled out. The possibility of malignant necrosis of the tongue’s attachment to the oral cavity was ruled out by the lack of malignancy in the removed tongue. We find it difficult to give any scientific explanation for the above phenomena.

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