



A Case of Calcified Nodule in the Base of the Tongue

ABSTRACT

Calcified nodules are uncommon in the base of tongue. Solitary amyloid metaplasia can occur at the base of the tongue and can produce calcification and are difficult to diagnose by histopathological examination.¹ Osseous choristoma of the tongue is a rare benign condition producing calcified nodule in the base of the tongue.² Unusual ectopic osseous tongue masses are reported in dermoid cysts or teratomas.³ Osteoma of the base is reported in the literatures.⁴ Venous malformations with phleboliths are also described in the literature⁵ causing calcified nodules at the base of tongue.

KEYWORDS: calcified nodules, amyloid metaplasia, osseous choriostoma, dermoid cyst, teratoma and phlebolith



Introduction

Benign calcification of the base of the tongue are very rare. We are reporting a case with clinical presentation, investigation and treatment.

A Case report

A 45 year old woman presented with a foreign body sensation in the throat, a feeling of something in the back of tongue for the past six months .

Examination of the throat showed nodular growth at the back of the tongue (Figure 1) and was confirmed by CT scan of the neck sagittal (Figure 2) and axial film (Figure 3). The nodular growth was excised completely and



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Key Points

There are various conditions like ectopic thyroid, lipoma, lymphoma, lymphoid hyperplasia and metastatic lymphatic spread can present with base of tongue swelling. Only a few conditions discussed in the article can have calcified nodule at the base of the tongue.

Figure 1: Nodular growth at the back of the tongue



Figure 3: Axial film confirming nodular growth



sent for histopathology and was reported as benign calcification. (Figure 4).

Post-operatively the patient was asymptomatic and was followed up for six months .

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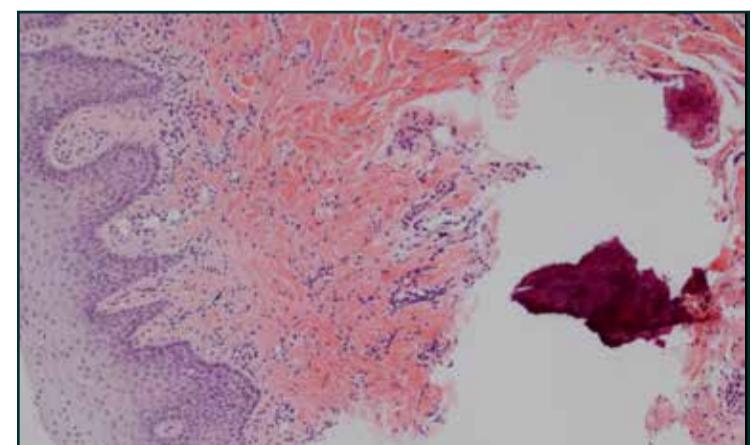
Figure 2: CT scan of the neck sagittal confirmed nodular growth



Clinical Pearls

Base of tongue pathology can be easily missed unless prompt examination, investigations and management is done.

Figure 4: A microscopic picture of the lesion on tongue (x100).



Benign squamous epithelium can be seen on the left of the image. Within the submucosa, there is a space that was occupied by a calcium deposit (the deeply eosinophilic material). Note the folding artifact in the calcium deposit due to the hard calcium being cut by the microtome.