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CASE REPORT

A bulky dermoid cyst of the floor of the mouth

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KEYWORDS

Cyst;
Dermoid cyst;
Floor of the mouth;
Congenital tumor

Summary

Introduction: Bulky dermoid cysts of the floor of the mouth are very rare and may pose a problem of diagnosis. They also raise problems for the anesthesiologist and surgeon. We report the first case to be described in Togo.

Case report: A 23-year-old man was admitted for a submental submandibular sublingual mass. It was soft, depressable, painless, without adenopathies, raising the tongue against the palate and creating a "second tongue-like" aspect. Resection on intra-oral route removed an intact cyst of 13 cm long axis. Histology diagnosed dermoid cyst.

Discussion: Dermoid cysts of the floor of the mouth present as a submental sublingual mass, which may cause dyspnea and disorders of swallowing, chewing and/or vocal function. Differential diagnosis concerns sublingual, submental and cervical masses. Definitive diagnosis is founded on the histology specimen. Imaging may assist diagnosis. Intubation may be problematic. The resection approach may be intra-oral or cervical.

Conclusion: Dermoid cysts of the floor of the mouth are rare. They may induce functional disorder. An intra-oral approach is preferable when possible.

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Introduction

Dermoid cysts of the floor of the mouth are rare. They represent 1 to 1.6% of all dermoid cysts [1]. About 225 cases have been reported [1,2]. Bulky forms are even rarer and raise diagnostic problems. They also pose problems for the anesthesiologist and surgeon. We present the first case to be reported in Togo and probably the first in the African French-language literature.

Case report

A 23-year-old man was admitted for a submental submandibular sublingual mass, evolving since birth. Associated

signs comprised muffled voice and snoring. The mass was located submentally, extending into two submandibular regions (Fig. 1a and b), and was soft, depressable, painless and free of adhesions and adenopathies. Intra-oral examination found the mass raising the tongue against the palate, creating a "second tongue" aspect (Fig. 2c). Tongue motion was conserved (Fig. 2a and b). The mucosa, sublingual glands and salivary caruncles were normal. A mucous sublingual gland cyst was suggested. Ultrasound and CT could not be performed, for financial reasons. After minimal pre-operative assessment, surgical resection was undertaken. Intubation was difficult, but had to be performed by nasotracheal route. A mucosal incision was made on the ventral side of the tongue, transfixing the frenulum and extending 3 cm on either side. The mucosa was detached along approximately 4 cm, and dissection was guided mainly by finger touch. The anterior sublingual (Fig. 3a), submental inferior cervical (Fig. 3b) and posterior oropharyngeal extensions

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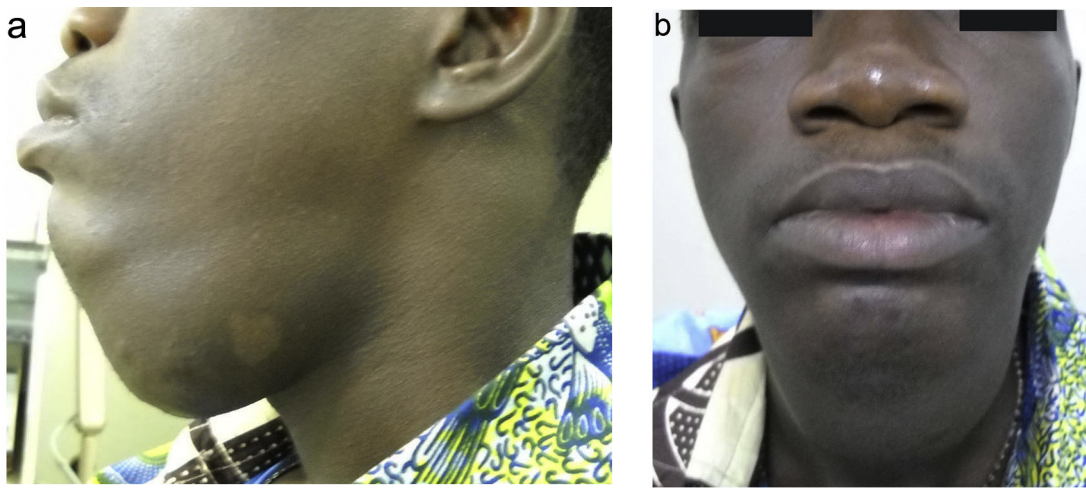


Figure 1 Extra-oral frontal (b) and lateral view (a): bulky submental submandibular mass.

(Fig. 3c) were successively released. A fistulous track toward the left tonsillar fossa (Fig. 3c) suggested an unusual second-arch cyst location. After complete resection, the cyst was removed intact. It measured 13 cm on the long axis. The patient was discharged on day 6. Histology found a dermoid cyst of the floor of the mouth, without malignancy. At 3 months follow-up, there were no sequelae, complications or recurrence.

Discussion

One of the first descriptions of dermoid cyst of the floor of the mouth was in Jourdain's *Traité des Maladies de la Bouche* of 1778 [3]. 6.9% of the 1495 dermoid cysts reported by Erich had head-and-neck locations, and only 1.6% were located on the floor of the mouth [3]. The English-language literature as a whole contains only one case

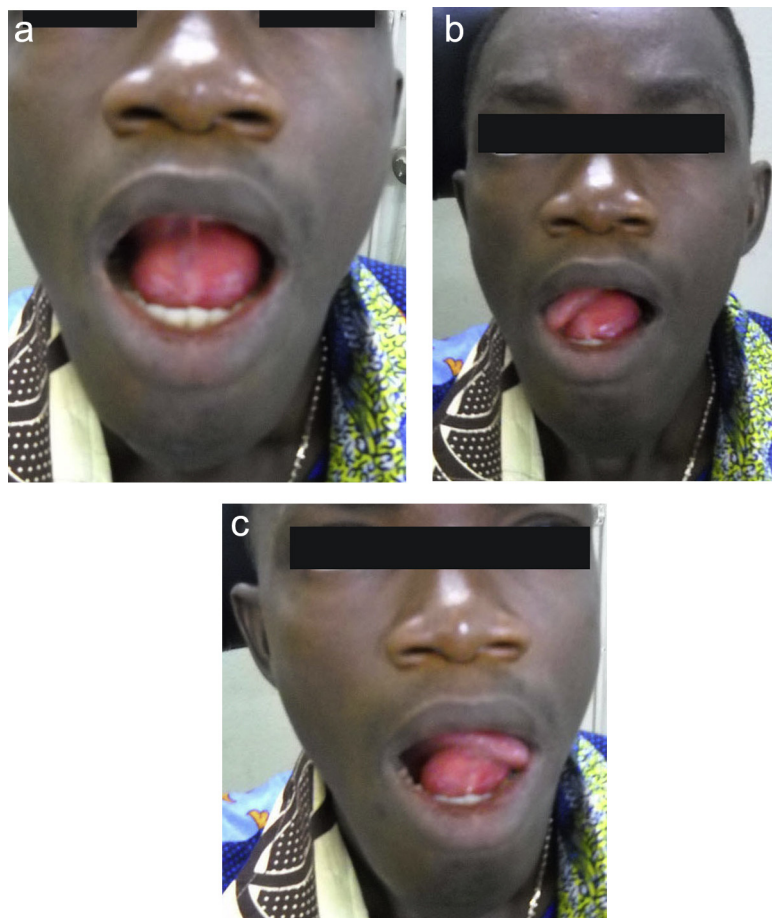


Figure 2 Intra-oral view: tongue motion is conserved (a and b), creating a "second tongue" aspect (c).

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