

Ankyloglossia With Bilateral Mandibular Tori: A Rare Dyad – An Unusual Case

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Abstract:

Ankyloglossia is a congenital anomaly in which tongue movements are limited and Mandibular Tori on the other hand is a slow growing bone exostosis with well defined borders. Here we present you a case where 27 years old female reported to our college with chief complaint of feeling a bulge below the tongue on both the sides. We did clinical and radiographic examination for this case. Intraoral examination revealed a high and thick lingual frenum which restricted tongue movements. On palpation of floor of mouth, it was found that oval swellings were present one on each side below the alveolar crest; these were hard in consistency, with overlying mucosa being firm, non tender and fixed. To further reach to a conclusion, an occlusal radiograph was advised which then revealed the bulging of bone with normal radiographic pattern suggesting a possible Tori. An Unusual Dyad of dental anomalies with ankyloglossia and Bilateral Mandibular Tori has been presented here. Although many syndromes are associated with the above findings individually, it still remains unclear as to whether such combination occurs by chance or it is a true syndrome.

Keywords: Ankyloglossia, Mandibular Tori, occlusal radiograph

INTRODUCTION

Ankyloglossia or tongue-tie is a congenital anomaly in which a short, lingual frenum or a highly attached genioglossus muscle restricts the tongue movements, which has an incidence rate of 5% in the normal population.

Mandibular torus is a slow-growing bone exostosis with well-defined borders usually oval and bilateral in shape. Diagnosis is made through clinical and radiographic findings. (1,2,3)

Tori are asymptomatic found in second and third decade of life and exhibit slow growth. Asians and Eskimos presents with significant higher prevalence of tori. Palatal tori are common in females whereas mandibular tori are common in males. Exact etiology of tori is obscure but many factors have been proposed for tori formation which includes genetic factor, environmental factors, masticatory hyper function, and continued growth and bone mineral density [4-6]

CASE REPORT

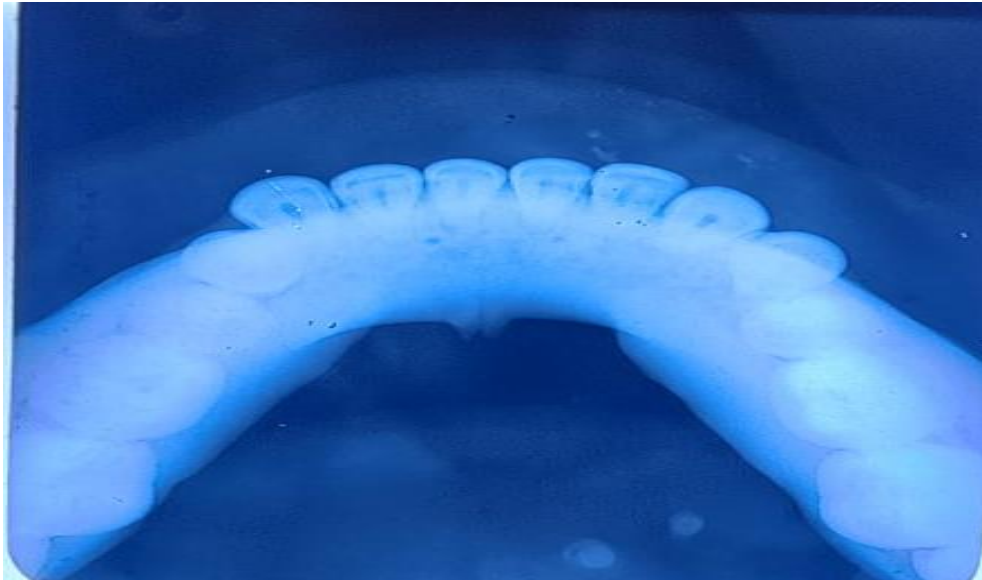
A 27 years old female patient reported to the Department of Periodontology, Mahatma Gandhi Dental College, Jaipur, with the complaints of feeling a bulge below the tongue on both the sides. On intra-oral examination, a high and thick lingual frenum was observed, which restricted the tongue movements and caused a inability in protruding and touching the palate [Fig-1].



On examining the floor of the mouth, an oval swelling was found to be present on the right and left sides below the alveolar crest, extended from the canine and the premolar regions, with the overlying mucosa being pale as compared to the surrounding mucosa. On palpation, the swelling was found to be hard in consistency, with the overlying mucosa being firm, non-tender and fixed(Fig-2)



A mandibular occlusal radiograph was taken for the swellings and it revealed bulging of the bone with a normal radiographic bone pattern [Fig-3].



DISCUSSION

Ankyloglossia or tongue-tie is a congenital anomaly which is associated with Syndromes like Meckel's syndrome, the trisomy 13 syndrome, the Robinow Syndrome, the short rib syndrome, the ATR-X Syndrome, Fraser's Syndrome, the Wiedemann-Beckwith syndrome, van der Woude's syndrome, and the glossopalatineankylosis syndrome.(3).

Mandibular tori is a proliferation of the peripheral bone, that results from a localized, excessive growth of the bone, whose incidence rate is 8% in the normal population and which is only seen in Gardner's syndrome [1, 2].

The exact cause for mandibular tori formation is not clear, but genetic and environmental factors are thought to be involved. Environmental factors include diet, presence of teeth, occlusal stress, bruxism and clenching. As there is no malignant potential and mostly tori are asymptomatic, surgical resection is not advised. Surgery is required in slowly enlarging tori and tori which interferes with speech, mastication and denture reconstruction.

Five indications and complications which necessitate tori removal were given by Pynnet *al.* [7] which includes traumatic ulcers from mastication; prosthodontic considerations; cancer phobia; interference with tongue function during mastication; difficult normal speech. Mandibular tori are usual clinical finding and require no treatment, but in case if large sized tori pose above mentioned complications, surgical excision is the treatment of choice.

During surgical removal of distally extended tori lingual nerve damage can arise as complication. Other complications of tori surgery include infection and floor of mouth hemorrhage. Use of lasers is one of the recent techniques for excision and smoothing of tori [8, 10]

CONCLUSION

An unusual DYAD of dental anomalies with ankyloglossia and bilateral mandibular tori, has been presented. Although many syndromes are associated with the abovementioned findings individually, it remains unclear whether such a combination occurs by chance or whether it is a true syndrome. Mandibular tori are non-neoplastic and asymptomatic bony growths. Thus, does not usually require any surgical treatment, but only re-assurance with verbal counselling is required unless it becomes symptomatic and interfere with speech and mastication.

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