

## IMAGES IN EMERGENCY MEDICINE

## Oncology

# Man with missing tongue

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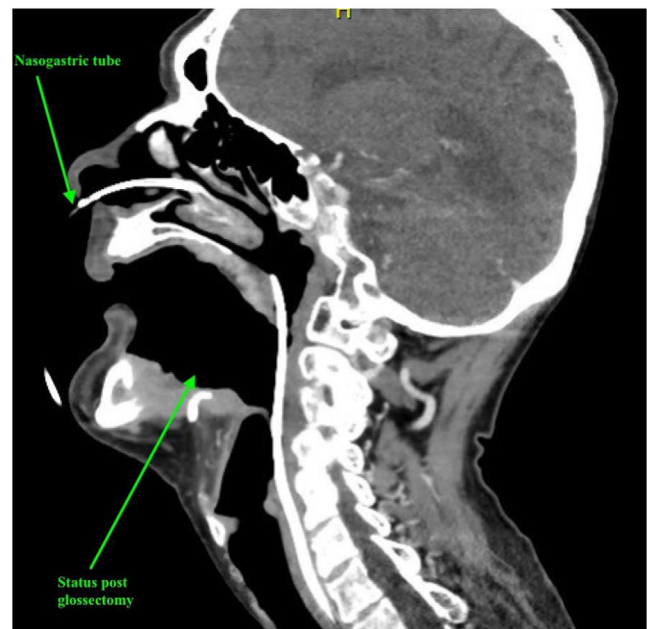
A 50-year-old-male presented to the emergency department with a missing tongue for the past 2 weeks. Symptoms initially began a year ago with hemoptysis and tongue swelling. The patient was treated with a short course of antibiotics and steroids at that time, with some improvement. Since then the patient noticed that his tongue felt loose and he developed increasing jaw pain. His tongue subsequently detached and fell out 2 weeks prior to presentation. An outside hospital attempted to place a percutaneous endoscopic gastrostomy tube, which was unsuccessful. He then had a nasogastric tube (NG tube) placed and was discharged. He reports 100 lb weight loss over the past year. History was partially obtained from his brother at bedside, because of the patient's difficulty speaking. On physical examination, the patient had moist mucous membranes, no teeth present, and an absent tongue. Healing wounds were present at the former tongue base and blood was noted in the left lower mouth. An NG tube was present. Head and neck computed tomography (CT) was ordered (Figures 1 and 2).

Both figures demonstrate autoglossotomy and osseous erosion at the mandibular parasymphiseal region without visualization of a discrete mass or significant cervical lymphadenopathy.

## 1 | DIAGNOSIS

### 1.1 | Squamous cell carcinoma of the oral cavity resulting in autoglossotomy

There are 650,000 new cases of head and neck cancer diagnosed worldwide per year, of which over 53,000 are in the United States.<sup>1-3</sup> It is important to consider head and neck cancer in the differential

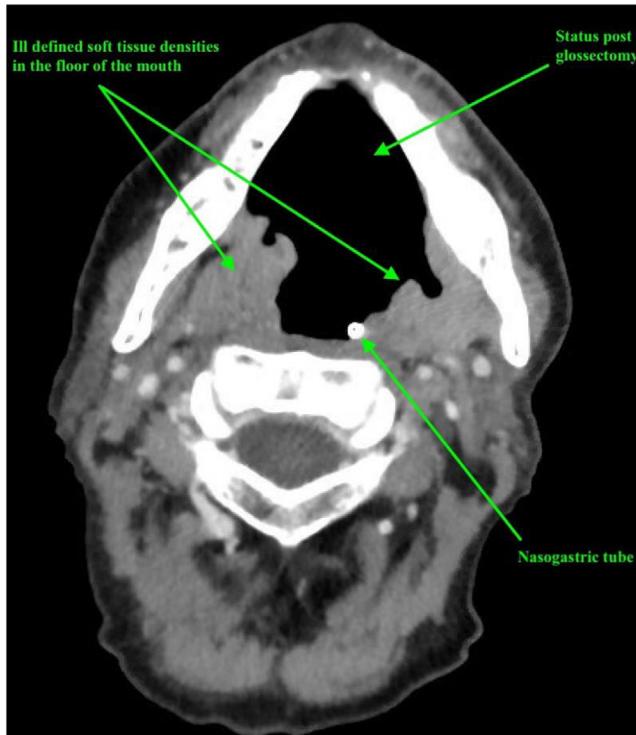


**FIGURE 1** Computed tomography (CT) sagittal view

when patients present with oral pain, jaw pain, or hemoptysis. It is particularly important to consider if patients require an advanced airway. Those with head and neck radiotherapy generally are not associated with a high rate of difficult intubation. However, factors that can adversely affect airway management include presence of cancer growth causing obstruction and anatomical changes and fibrosis due to prior surgery or radiotherapy. Poor dentition as a result of tumor invasion increases the difficulty in laryngoscopy and optimal glottic

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**FIGURE 2** Computed tomography (CT) axial view

visualization.<sup>4,5</sup> If time permits consider advanced imaging (computed tomography) to assess the airway.<sup>6</sup>

Our patient maintained his airway and tolerated oral secretions appropriately. Otolaryngology was consulted and biopsies revealed squamous cell carcinoma of the oral cavity resulting in autonecrosis of the tongue. Tracheostomy was pursued because of oral cavity bleeding and a high risk for difficult intubation secondary to bleeding and altered anatomy. Additionally, a gastrostomy tube was placed by interventional radiology. A secure airway and modality for nutrition must

be pursued early in this patient population because of the aggressive nature of these cancers.

The patient was discharged home with a tracheostomy tube and palliative care.

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