

Spontaneous Lingual Hematoma: A Rare Entity

Abstract

There are case reports of spontaneous sublingual and lingual hematomas in the elderly population related to severe hypertension or an anticoagulation therapy. Spontaneous lingual hematoma is a rare entity in patients without risk factors for bleeding. We present the first case described in the literature of a spontaneous lingual hematoma in a woman in the age of early fifties without diabetes mellitus, trauma, hematological disorders, hypertension, anticoagulant or thrombolytic associated therapies. The patient required analgesic treatment and recovered spontaneously within a week.

Keywords

Spontaneous Bleeding; Lingual Hematoma; Risk Factors

Introduction

Lingual hematoma is a rare entity without any previous associated trauma. Its spontaneous presentation is commonly described in patients on anticoagulation therapy [1,2]. There are some cases related to the tissue plasminogen activators (tPAs), accepted as a therapy for selected instances of acute ischemic cerebrovascular events, such as myocardial infarction, pulmonary embolism, portal vein thrombosis and deep venous thrombosis [3]. To the date, most of the reported cases occurred in elderly people with diabetes mellitus and hypertension [4]. The more frequent localization is the sublingual region with or without lingual affection. Sublingual hematoma is also known as pseudo-Ludwig phenomenon, and has a potential risk of upper airway obstruction. It is suspected when sudden sore throat occurs in an afebrile hypertensive elderly patient or if the patient received anticoagulants or thrombolytic therapy. It is important to establish an early diagnosis in order to perform a correct management of the patient airway, being tracheostomy or orotracheal intubation required for some cases [3].

To the date, no onset case of spontaneous lingual hematoma located exclusively on the lingual region without associated risk factors has been documented.

Case Report

A 54 year old woman was attended at the emergency department of our hospital with severe pain in the tongue after sudden lingual inflammation. The patient did not refer any traumatism in that area at the moment of the symptoms appearance. She had no medical history of coagulation disorders or arterial hypertension, and did not complain about breathing difficulty. She referred a strange body sensation in the oral cavity and difficulty for food intake. The blood pressure and the oxygen saturation were normal. The exploration of the oral cavity showed a lingual hematoma in lingual dorsum preserving the lateral sides of tongue (Figure 1), without affecting the floor of the mouth. The lesion was slightly painful in the digital palpation without fluctuation. The oropharynx and laryngeal exploration with flexible endoscopy was normal. The blood tests parameters including platelets and coagulation studies were within normal ranges. In the absence of airway compromise, the patient was discharged with analgesic treatment. Hematoma was resolved spontaneously after several days.

Case Report

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Discussion

Intraoral hematomas typically result from a local trauma (accidents, food, or traumatisms during tracheal intubation) in patients receiving anticoagulation therapy. The spontaneous presentation without traumatic event is a rare entity, and is thought to happen due to aneurismal changes in the facial or lingual arteries [4]. Elderly patients with diabetes mellitus, arterial hypertension [4], anticoagulation treatment with warfarin [1,2], thrombocytopenia induced by heparin [5], or thrombolytic therapy as Tenecteplase [3] have an increased risk of rupture of these aneurysms.

The main problem with lingual hematomas is their potential to produce an airway obstruction requiring an urgent airway management with intubation, tracheotomy or cricothyroidotomy. If the patient is awake and oriented, the symptoms are easily recognized as sore throat followed by dysphagia, hoarseness, drooling or difficult for breathing, and visualized with a



Figure 1: Dorsum lingual spontaneous hematoma.

simple inspection of the lingual or sublingual region. Repeated flexible nasal endoscopies must be performed to determine the progression of the hematoma and perform the proper management of the airway [3]. Laboratory studies including a complete blood count and coagulation profile must be performed. In some cases a computed tomography might be necessary and could reveal an anomalous vessel or active bleeding [4]. Hematoma management is usually supportive with subsequent decrease in the hematoma size. The treatment includes control of the blood pressure, supplemental oxygen if necessary and correction of coagulopathy disorders (anticoagulation therapy reduction, administration of fresh frozen plasma or intravenous vitamin K). Surgical drainage of the hematoma is generally not indicated [3], unless over infection appears or it does not spontaneously resolve after the correct airway management.

The present case is an infrequent occurrence of lingual hematoma presentation. The patient is not an elderly woman and she does not present any risk factors for bleeding, has normal blood pressure and blood tests were within normal ranges. It is unknown if the patient had an acute elevation of the blood

pressure or aneurismal changes in the lingual artery. Due to her good evolution and resolution of the symptoms in few days, the patient did not require any additional study.

References

1. Pramil Vaghasia, Ruchi Bansai, Horiana B Grosu (2014) Elderly Woman With Tongue Swelling. *Annals of Emergency Medicine*. 64(1): 16.
2. Buyuklu M, Bakirci EM, Topal E, Ceyhun G (2014) Spontaneous lingual and sublingual haematoma: a rare complication of warfarin use. *BMJ Case Rep* 9;2014.
3. Bal M, Atar Y, Salturk Z, Ates AH, Yagci S, et al. (2013) Lingual Haematoma due to Tenecteplase in a patient with acute myocardial infarction. *Case Rep Otolaryngol* 2013: 239796.
4. Bitar MA, Kamal MA, Mahfoud L (2012) Spontaneous sublingual haematoma: a rare entity. *BMJ Case Rep* pii: bcr1220115367.
5. Getnick GS, Lin SJ, Raviv JR, Walsh WE, Atman KW (2008) Lingual hematoma and heparin-induced thrombocytopenia: a case report. *Ear Nose Throat J* 87 (3): 163-165.