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RESEARCH ARTICLE

MANAGEMENT AND OUTCOME OF PAEDIATRIC TONGUE INJURIES.

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Abstract

Paediatric tongue injuries are common ailments seen in major paediatric centres, The injuries are usually due to fall while running or walking. Primary suturing of the wound gives excellent result.

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Introduction:-

Key points:-

Through and through injuries
Paediatric population
Primary repair in layers

Materials and methods:-

During the period of 01-01-2015 to 31-05-2018 at our institution (Institute of Child Health and Hospital for Children , Egmore, Chennai, India) Eighty three children were admitted with through and through lacerations of the tongue and treated with primary suturing.

Data retrieved from the Medical records department and were analysed .

During the period 82 children were treated, out of which 55 were males and 27 were females.

They were categorised in to Four age groups.

Age	Male	female
1-2 years	23	12
2-4 years.	24	8
4-6 years	6	6
> 6 years	2	1

Lowest age of occurrence was 6 months old male infant

Lower the age, higher the incidence in males was noted because of their nature of more playfulness and explorative behaviour.

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As they mature in age the incidence in both the sexes were becoming equal.

The higher incidence in lower age group is because of the unstable gait and larger head size which lead to higher rate of falling.

In this age group, the propensity of protruding the the tongue is more common.

The central and lateral incisors erupt first and as they are small and sharp, they tend to cut the tongue easily.

As the injuries were grotesque looking and alarming to the parents, all the children were brought to the hospital in 6-8 hours and primary suturing was possible in all the cases. Post operatively the patients were treated with two days of antibiotics .Cefotaxime, Gentamicin and Metronidazole were used.

The indications for suturing were

1. Through and through injuries.
2. Bleeding lacerations.
3. Lacerations involving the borders of the tongue more than 1 cm in length.
4. Avulsion injuries.

All the cases were sutured under general anaesthesia with endotracheal intubation.

For better visibility of the wound, the neck was extended with a sand bag underneath the shoulders and head was stabilised with a head ring.

Throat pack was inserted.

The tongue was pulled out of the oral cavity, with the help of stay sutures.

Thorough cleaning of the wounds were done with normal saline to remove any foreign body (broken tooth etc)

Through and through lacerations in the body of the tongue, without involving the borders were sutured with inverting simple stitches in both dorsum and the ventrum.

Lacerations involving the borders and partial avulsion injuries were treated by three layered suturing with 4 zero polyglactin using curved round bodied needle.





Conclusions:-

1. Because of the excellent blood supply the wounds healed well without any infection hence, the primary suturing should be offered to all the cases present within six hours. Even late presentation cases within 24 hours should be managed with primary suturing after trimming of the edges.
2. Post operatively, as the wounds healed well, there were no functional disabilities noted.

References:-

1. Lamell CW, Fraone G, Casamassimo PS, Wilson S. Presenting characteristics and treatment outcomes for tongue lacerations in children. *Pediatric Dental* 1999 Jan - Feb;21(1):34-38.
2. Powers MP, Bertz J, Fonseca RJ. Management of soft tissue injuries. In: Fonseca R.J.LAST, Walker RV, Editors. *Oral and maxilla facial trauma*. WB Saunders;Philadelphia :1991.pp.618-648.
3. Touloukian RJ. St.Louis:CV Mosby;1990. *Pediatric trauma*;p.20.