

## **A RARE INCIDENCE OF NON-SYNDROMIC BIFID TONGUE IN A GERIATRIC FEMALE INDIVIDUAL DURING COVID 19 OMICRON PANDEMIC PERIOD – A CASE REPORT**

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### **ABSTRACT**

*Syndromic or non-syndromic etiology targets bifid tongue. A female patient of 25 years old complained of a bifurcated tongue tip in the anterior one-third focusing on the importance of the non-syndromic aspect.*

**KEYWORDS:** *Tongue, Bifurcation, Oral, Dental, Maxillofacial, Pathology*

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### **INTRODUCTION**

Embryology of the tongue occurs in the 4<sup>th</sup> week of pregnancy in the form of a swelling in the centre, the tuberculum impar seen on the pharyngeal region along with two lingual swellings on the lateral aspect. Anterior 2/3rd is formed by these lingual structures present laterally which cover the tuberculum impar. In case of any disruption in this mechanism, might lead to a bifid tongue<sup>1,2,3,4,5</sup> In this case report, we highlight the importance of non-syndromicity in the case of bifid tongue.

### **CASE REPORTS**

A female patient of about 25 years old attended the dental outpatient department with a complaint of speech difficulty. There were no systemic complications. Clinically, bifurcation was noted at the tip of the tongue slightly towards the right side (Fig1). Hypertrophism and bilateral clefting were seen in the upper frenal and alveolar region in relation to lateral incisor and canine. Esthetic correction of the tongue in relation to the bifurcated part was planned and the patient is under follow-up.



**Figure 1**

## DISCUSSIONS

Median tongue bud forms during the 4<sup>th</sup>. Distal tongue buds appear on the lateral aspect. The mesenchymal proliferation of the first pharyngeal arch gives rise to these swellings. Oral segment is formed by merging of lateral and median segments<sup>7</sup>. The median sulcus is seen in the middle region of the tongue<sup>8</sup>. The fusion is marked by a middle groove on the tongue called the median sulcus. The bifid tongue is seen in which a groove runs along the tip due to a lack of fusion of lateral swellings. Etiology links to maternal diabetes, orofacial digital syndrome, Pierre Robin sequence and Klippel Feil anomaly<sup>9</sup>.

## CONCLUSIONS

Clinical occurrence of the bifid tongue is rare. Non-syndromic variety is of utmost importance. Early diagnosis and suitable management will render an esthetic outcome and improve the quality of life of the patient. Examination of the tongue plays an important role in patients of all ages, gender and systemic complications. Oral health care professional has the dutiful rights and responsibility in ruling out conditions in conjunction with bifid tongue.

## REFERENCES

1. Siddiqua A, Abubaker P, Saraswati FK, Thakur N. Bifid tongue: Differential diagnosis and a case report [Internet]. Vol. 27, *Journal of Oral and Maxillofacial Surgery, Medicine, and Pathology*. 2015. p. 686–9. Available from: <http://dx.doi.org/10.1016/j.ajoms.2015.01.006>
2. Kang AS, Kang KS. Traumatic bifid tongue: A rare presentation in a child. Case report [Internet]. Vol. 57, *Annals of Medicine and Surgery*. 2020. p. 11–3. Available from: <http://dx.doi.org/10.1016/j.amsu.2020.06.040>
3. Surej KLK, Kurien NM, Sivan MP. Isolated congenital bifid tongue. *Natl J Maxillofac Surg*. 2010 Jul;1(2):187–9.
4. Daniel-Spiegel E, Ben-Ami M. Bifid Tongue, a Rare Congenital Malformation, Is a Prenatal Clue for Secondary Cleft Palate [Internet]. Vol. 31, *Journal of Ultrasound in Medicine*. 2012. p. 505–7. Available from: <http://dx.doi.org/10.7863/jum.2012.31.3.505>
5. Lee JY, Zainal HM, Mohammad Ali Bin. Bifid Tongue and Cleft Palate With and Without a Tessier 30 Facial Cleft: Cases of Rare Congenital Anomalies and a Review of Management and Literature [Internet]. Vol. 56, *The Cleft Palate-Craniofacial Journal*. 2019. p. 1243–8. Available from: <http://dx.doi.org/10.1177/1055665619846772>
6. James AW, Culver K, Hall B, Golabi M. Bifid tongue: A rare feature associated with infants of diabetic mother syndrome [Internet]. Vol. 143A, *American Journal of Medical Genetics Part A*. 2007. p. 2035–9. Available from: <http://dx.doi.org/10.1002/ajmg.a.31877>
7. Sakuda M, Maeda N, Matsuya T, Urade M, Hasegawa K. A case of tongue anomaly (Accessory tongue) [Internet]. Vol. 21, *Japanese Journal of Oral & Maxillofacial Surgery*. 1975. p. 609–11. Available from: <http://dx.doi.org/10.5794/jjoms.21.609>
8. Hiradfar M, Bakhshae M, Shojaeian R, Zabolinejad N, Forghani M, Mirhosseini F. Accessory tongue: Classification and report of a case. *Int J Pediatr Otorhinolaryngol*. 2015 Aug;79(8):1175–9.

9. Hiebert JC, Johnson AB, Henry Tran H, Yu Z, Glade RS. *Congenital Tongue Mass with Concomitant Cleft Palate and Bifid Tongue: A Case Report and Review of the Literature [Internet]. Vol. 53, The Cleft Palate-Craniofacial Journal. 2016. p. 245–8. Available from: <http://dx.doi.org/10.1597/15-062>*
10. Thakur, Pranavkumar, and Abhaya Chandradas. *"Untying of the Tied Tongue: A Case Report"*
11. Rao, Kv Narasimha, Meduri Sitaram, and Naveen Janjanam. *"The Effect of Inlet Flow Profile, Carotid Bulb Diameter and Non Newtonian Blood Viscosity on the Wall Shear Stress in a Carotid Artery Bifurcation Model for Transient Flow."*
12. Aljammali, Zainab Mahmood. *"Effect Of Drugs On Teeth And Gums-A Review." TJPRC: International Journal of Pedodontics and Preventive Dentistry (TJPRC: IJPPD) Vol 1: 1-8*
13. Lone, PARVEEN AKHTER, T. A. S. L. E. E. M. Kouser, and A. S. I. F. Iqbal. *"Unusual bear maul injuries." J Dent Res Development 5.01 (2015): 11-22*
14. Roshan, Kashyap, Roy Manju, and Roy Sushovan. *"Isolation and Identification of Pathological Agents Indogs With Otitis Externa." (2018)*

