EPIGNATHUS

(A Case Report)

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The epignathus is a rare entity reported in the available literature. These lesions are teratoid in nature, situated anteriorly in lower or upper jaw. These differ from the developmental cysts of the jaw, by the association of defect of lip or palate, which is usually absent in the developmental cysts. Here we wish to report a typical case of epignathus of upper jaw, undergoing treatment under our care.

Case History

One day old male child, was brought to us in emergency ward. He was second issue in his siblings. Immediately after the birth the attendant noticed big lobulated swelling in the mouth, protruding outside as well. The mass was apparently obliterating the complete oral cavity, causing difficulty in breast feeding. Any how water sips were given to the child by spoon. Then the child was rushed to the hospital.

On examination, the big lobulated mass was occupying almost the complete oral cavity (Fig. 1). It had broad base and attached to the nasal septum at about junction of anterior and posterior palate. The lower jaw and tongue was normal. The posterior portion of the tongue and the posterior palate were very difficult to visualize, it could be seen only when child cried and tongue was depressed (Fig. 2).

The mass was multiple—lobulated, broad base, of variable consistency. At places it was soft and at places it was cystic in nature and was transuluscent in cystic part. Alongwith this, the child had median cleft of the primary palate, with short wide columlla, depressed in the midline. There was double nose tip with depressed wide nose bridge. The anterior nostrils were horizontally placed and narrow, also were flattened. The medial ends of defective upper lip were displaced wide apart. Posterior to to the mass patient had bilateral defect of the posterior palate, median cleft of soft palate and bifid uvula which were confirmed on operation.

The patient was put on nasal Ryle's tube feeding. The excision of the lobulated mass, was planned first followed by repair of the lip defect and posterior palate one after the other, respectively. After a difficult intubation, complete excision of the mass was performed from its base, and complete haemostasis was ensured. The tongue stay stitch was given. The post operative phase was uneventful. He was put on Ryle's tube feeding for few initial days

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and later on switched on oral feeding by spoon, and was discharged from hospital with advise to come for operation of median defect of lip after 4 months.

Discussion

The teratoid lesions presenting at the junction of primary palate and secondary palate may consists of ectodermal, mesodermal or entodermal tissue. The chances of development of malignancy are also reported in such lesions. Therefore complete excision of the lesion followed by repair of associated defect is advised.

The presence of associated defects seems to be due to the exisience of lesion, the mass causing failure of the further development of premaxilla and failure of fusion of palatal shelves, during intrauterine life or else alongwith the lesion there is absence of mesodermal element forming the premaxilla. But this does not sound well, as on one hand there is excessive tissue of any nature and on the other hand absence of mesodermal tissue. So ultimately the mechanical factor causing the defect of primary palate and secondary palate gets favour in such cases.

Summary

A rare case of epignathus of upper jaw associated with median cleft of primary palate and bilateral defect of posterior palate is author's.

References

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