

Clinical Image

Finding One's Tongue: The Curious Case of Intraoral Synechia

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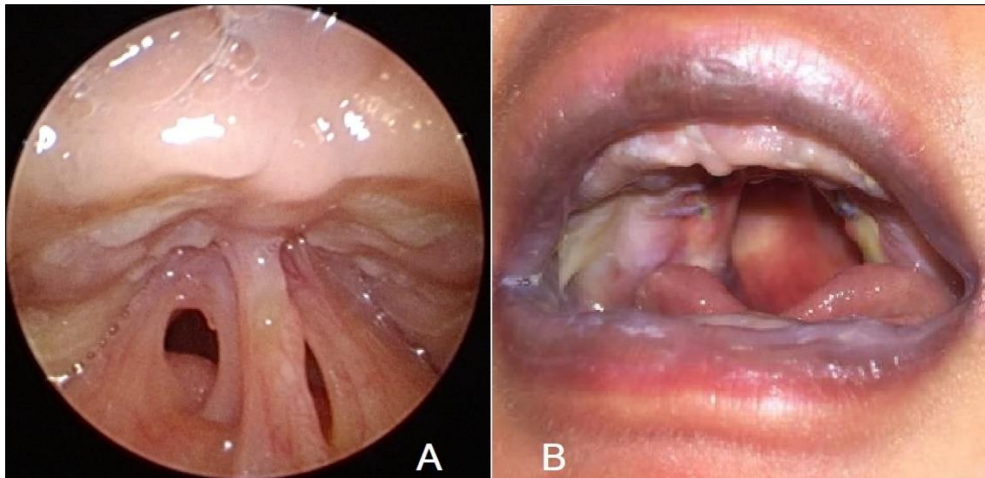


Figure 1: A) Bronchoscopic view of mouth showing oral synechiae with tongue entrapped behind. B) Postoperative picture showing cleft palate and a forked tongue

A 3-day-old full-term neonate was referred for difficulty in feeding. On examination, the baby had restricted mouth opening due to a fibrous membrane extending from the floor of the mouth to the palate. The membrane had a midline cord like structure (from frenulum to palate) and two lateral folds (from gingival sulcus to palate), behind which the tongue could be visualized (Fig. 1A). The baby underwent surgical transection of the membranes after which a cleft palate was evident with a bifid uvula (Fig. 1B).

Association of intraoral synechia and cleft palate has been described in 1972. Other known associations are with cleft lip, micrognathia, microglossia, limb anomalies, cardiac anomalies, hydrocephalus, hypospadias and temporomandibular joint ankylosis, along with a variety of syndromes.[1] Embryological explanations for this condition include persistence of buccopharyngeal membrane or subglossopalatal membrane, amniotic bands, or the presence of rudimentary epithelial elements during palatal fusion.[2] The cleft palate that is often associated with intraoral synechiae is thought to be a sequence. The membrane does not allow the tongue to grow forward which in turn gets interposed between

the two developing palatal shelves, inhibiting them from midline fusion.[3] Oral synechiae require only simple excision with airway management during surgery.[4]

Consent: Authors declared that they have taken informed written consent, for publication of this report along with clinical photographs/material, from the legal guardian of the patient with an understanding that every effort will be made to conceal the identity of the patient however it cannot be guaranteed.

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