



## A Note on Macroglossia : Symptoms and Causes

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### Editorial Note

The medical word for an extremely huge tongue is macroglossia. Excessive tongue expansion can cause cosmetic and practical problems with speaking, eating, swallowing, and sleeping. Macroglossia is a rare condition that mostly affects youngsters. There are numerous reasons for this. Treatment is determined by the exact cause.

Symptoms are more likely to be present and severe with bigger tongue enlargements, even if they are asymptomatic. The following are some of the signs and symptoms: Dyspnea is characterised by laborious, noisy breathing, as well as Obstructive Sleep Apnea (OSA) or airway obstruction. Dysphagia is a problem with swallowing and eating. Dysphonia is a disorder of speech that can include lispings. Drooling is a symptom of sialorrhoea. Sores near the corners of the mouth are known as angular cheilitis. Indentations on the lateral borders of the tongue generated by tooth pressure are known as crenation ("pie crust tongue").

A wide range of congenital and acquired disorders can induce macroglossia. There is no known reason for isolated macroglossia. Vascular abnormalities (e.g. lymphangioma or hemangioma) and muscular hypertrophy (e.g. Beckwith–Wiedemann syndrome or hemihyperplasia) are the most common causes of tongue growth. Lymphangioma enlargement results in a pebbly tongue with many superficially dilated lymphatic channels. Hemihyperplasia causes unilateral enlargement. The lack of teeth in edentulous people allows the tongue to extend laterally, which can cause complications with dentures and can lead to pseudomacroglossia.

Amyloidosis is a condition in which insoluble proteins build up in tissues and obstruct normal function. If amyloid deposits in the tissues of the tongue, giving it a nodular appearance, this might induce macroglossia. Beckwith–Wiedemann syndrome is an uncommon inherited illness that can include omphalocele, visceromegaly, gigantism, or newborn hypoglycemia, among other problems. A

diffuse, smooth global swelling of the tongue is possible. Maxillary hypoplasia can cause relative mandibular prognathism in the face. Down syndrome can also cause apparent macroglossia. The tongue's surface is papillary and fissured. Macroglossia can be a symptom of hypothyroidism.

Macroglossia is usually diagnosed through clinical examination. For the diagnosis of obstructive sleep apnea, sleep endoscopy and imaging may be employed. Abdominal ultrasonography and molecular investigations for Beckwith–Wiedemann syndrome may be used in the first examination of all patients with macroglossia.

Macroglossia is classified as "other congenital abnormalities of the digestive system" in the ICD-10. "A tongue that protrudes beyond the teeth during resting posture," according to one definition, and "if there is an impression of a tooth on the lingual border when the patients slightly open their mouths," according to another. Others have asserted that there is no objective definition of macroglossia. True macroglossia, in which histologic abnormalities match with clinical observations of tongue enlargement, is distinguished from relative macroglossia, in which histology fails to provide a pathologic explanation for the expansion.

The aetiology of macroglossia, as well as the intensity of the enlargement symptoms, influence treatment and Mild cases or those with little symptoms may not require therapy.

Speech therapy or surgery to lower the size of the enlarged tongue may be beneficial (reduction glossectomy). Correction of orthodontic problems that may have been induced by the larger tongue may also be part of the treatment. Treatment for any underlying systemic disease, such as radiation, may be required.

6% of cases of macroglossia, a favourable family history has been reported. Macroglossia is classified as a rare condition by the National Organization for Rare Disorders (fewer than 200,000 individuals in the US).