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Lingual Cartilaginous Choristoma in a 4-Year-Old Child: A Rare Case

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Introduction

The term "choristoma" refers to tissue proliferation without histological alterations with ectopic location (1-2). There are different types of choristoma, as many as the tissues that make them up, whether as unitisular or pluritisular variants. The chondroid nature of the choristoma gives it the name cartilaginous choristoma, having been described for the first time by Berry in 1890. The most frequent location resides in the distal extremities, its description being infrequent in the head and neck area, although the tongue represents a high percentage of choristomas described in this area. From a clinical point of view, it is usually an asymptomatic firm nodule. Below we present a typical case of lingual cartilaginous choristoma (located on the left laterolingual edge) [1-3].

Case Report

A 4-year-old male patient who came to consultation due to a foreign body sensation in the oral cavity for a year's duration. During the examination, a subcentimeter nummular lesion was identified on the left lateral edge of the tongue. With the clinical judgment of fibroma, the lesion was surgically excised, sending a grayish-white and irregular mucosal fragment measuring 0.6 cm in maximum dimension for histological study.

The tissue was processed in a standard manner and serial sections stained with hematoxylin-eosin were made. The histological study revealed an unaltered stratified squamous epithelium, with underlying skeletal muscle tissue within which an oval fragment of mature hyaline cartilage with well-defined contours and intralesional lobulation was observed (Fig 1-2).

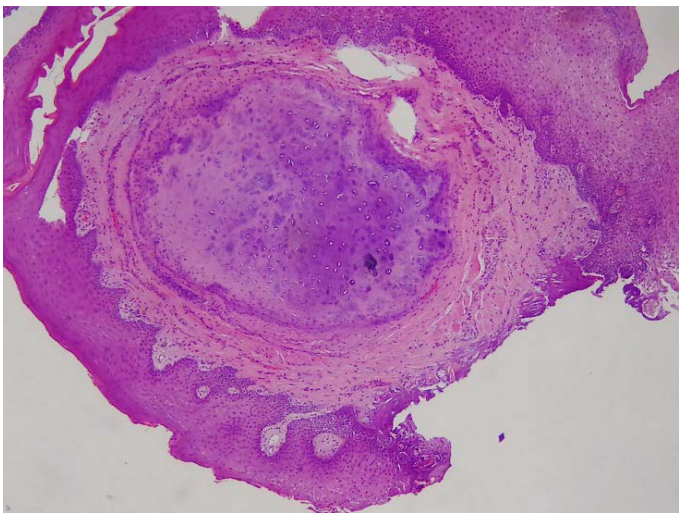

Figure 1: Lingual Cartilaginosus Choristoma. Presence of a Large Nodular Island of Cartilaginous Tissue or at the Level of The Lamina Propria Without overlying Epithelial Alterations. HE. 40x

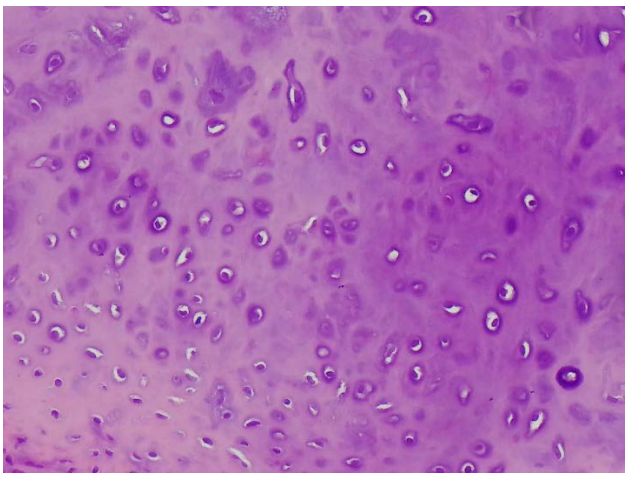

Figure 2: Lingual Cartilaginosus Choristoma. Detail of the Ectopic Cartilage Tissue, With the Histological Conformation of Hyaline Cartilage. HE. 400x

The patient experienced no postoperative complications, and to date, no recurrence of the lesion has been observed.

Discussion

The concept of "choristoma" was initially proposed [4]. to describe abnormal growth of tissue without histological alterations in an unusual location. These lesions are rare in soft tissues of mesenchymal origin and can be made up of various mature tissues, the most frequent being cartilage, salivary gland, bone, thyroid gland, sebaceous gland, brain tissue and gastric mucosa. observed [1]. Oral cartilaginous choristomas have been documented in patients with a wide age range, although the majority are found in the third and fourth decade of life, with an equal distribution between both sexes [3]. Its most common clinical presentation is a firm, painless nodule in young adults, more common in women.

The pathogenesis of oral cartilaginous choristoma is still under study and has not been fully elucidated. One of the most widespread theories postulates its development from undifferentiated multipotential mesenchymal cells, while others suggest an origin from embryonic remains of the lingual septum [1]. From a histopathological point of view, these lesions are characterized by the presence of cartilage islands within a well-defined capsule. Although most cases exhibit pure cartilaginous proliferations, lipocartilaginous and osteocartilaginous lesions have also been documented [5].

The differential diagnosis of oral cartilaginous choristoma must be established with different benign lesions such as pleomorphic adenoma, chondroma, neurofibroma, papilloma and chondromyxoid tumor, or malignant lesions such as primary chondrosarcoma and metastases from primary intraosseous chondrosarcoma. The distinction between these entities is achieved through histopathological examination without the need to resort to auxiliary diagnostic techniques [6,7].

Surgical excision is the treatment of choice, and we have not found any cases of recurrence described in the literature.

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