A Spontaneously Regressing Botryomycoma of the Tongue in A Young Boy With Down Syndrome

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ABSTRACT

A 4 1/2 –year-old boy with Down syndrome (DS) presented a tongue botryomycoma which recurred after complete surgical resection; then spontaneously regressed. Beside Riga-Fede disease reported in DS it is a first observation of a tongue botryomycoma in this genetic condition.

Key words: Down syndrome; Tongue; Botryomycoma; Pyogenic granuloma; Neoplasm regression spontaneous

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The lesion is usually treated by surgical resection, cryotherapy, or dessication after histological control[1]. Botryomycoma may rarely spontaneously disappear. Usually the lesion is treated by surgical resection after histological control[1].

Benign tumors of the tongue are rarely reported in children and adults with DS[2]. A fibro-proliferative polyp with fibrous architecture different from a botryomycoma has been resected from the left border of a tongue in a young boy with DS[3]. Three cases of Riga-Fede disease of the ventral tongue have been described in young children with DS[4]. These traumatic reactive lesions with indurated well defined borders which contains many lymphocytes, macrophages, plasma cells and numerous eosinophils. Rega-Fede disease may disappear after removal of the traumatic cause, smoothening of incisor edges or covering dental edges with composite resin. Recurrence of a resected botryomycoma rarely occurs and must not be considered as the indication of a malignant process.

We are not aware of a previous report of a cutaneous or oral botryomycoma in an individual with DS[5] and of other regressing malignant or benign solid tumors in DS[5]. Although tumors of the tongue may be impressive in a young child with DS, they usually are of reactive nature and may spontaneously disappear. A histological control may be useful to discard a very unlikely malignant lesion.

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