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Lingual thyroid gland: A case report

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Background: Lingual thyroid (LT) is a developmental disorder due to the failure of the thyroid gland to migrate from its anlage, foramen caecum to its prelaryngeal site. Lingual position represents the most frequent ectopic location accounting up to 90% of ectopic cases. It is found at the junction of the anterior two thirds and the posterior part of tongue, often asymptomatic but growing may cause local symptoms as upper airway obstruction, dysphagia and hemorrhage at any time from infancy to adulthood.

Methods: We represent the case of a 33 years old patient with a mass at the base of the tongue, measuring 5-6 cm in size smooth, rubbery and reddish, with no signs of ulceration. She complained for a swelling at the base of the tongue, dysphagia and dyspnea. The patient was examined in the service of endocrinology, with thyroid level tests, ultrasound, scintigraphy and CT-scan.

Results: The patient was operated during childhood for a subhyoidthyroglossal cyst. She was euthyroid when she was admitted. Scintigraphy revealed increased isotope uptake at the lingual region and absence of isotope uptake in the neck region. CT-scan revealed thyroid mass at the base of the tongue and the neck region was free. Other laboratory tests were within normal limits. The diagnosis was lingual thyroid gland.

Conclusions: Lingual thyroid is a developmental anomaly, found between the epiglottis and the circumvallate papillae, often asymptomatic but growing may cause local symptoms as upper airway obstruction, dysphagia and hemorrhage at any time from infancy to adulthood. Thyroid scintigraphy plays the most important role in diagnosing ectopic gland. Elective surgical resection under general anesthesia is the method of choice of treatment.

Keywords: lingual thyroid (LT), ectopic thyroid, aberrant embryogenesis, fine needle aspiration cytology (FNAC).

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A conservative and reversible approach for restoring worn teeth: A clinical report

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A 48-year old male patient presented with worn dentitions due to daytime bruxism. He was mainly concerned about the compromised aesthetics due to "short teeth". The vertical dimensions of occlusion (VDO) was increased (2-3mm in the premolars area), then a maxillary titanium overdenture with composite resin facing was fabricated to address his concern. The advantages of this treatment modality, as opposed to Fixed Partial Dentures (FPD), include preservation of tooth structure, lower cost, and shorter treatment time. Four years post-insertion, the titanium overdenture continues to prove its feasibility as one modality of treatment in bruxism cases. It successfully addresses both patient's and clinician's-mediated concerns.

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