

Glossalgia After Tongue Splitting: A Case Report

André Machado^{1,2*}, Mariana Duarte³, Ana Silva¹, Ângela Rego¹ and Luís Meireles¹

¹*Serviço de Otorrinolaringologia, Centro Hospitalar Universitário do Porto, Porto, Portugal*

²*Faculdade de Ciências da Saúde - Universidade da Beira Interior, Portugal*

³*Universidade Católica - Centro Regional de Viseu - Faculdade de Medicina Dentária, Portugal*

***Corresponding Author:** André Machado, Serviço de Otorrinolaringologia, Centro Hospitalar Universitário do Porto, Porto, Portugal.

Received: September 14, 2022

Published: October 11, 2022

© All rights are reserved by **André Machado, et al.**

Abstract

Cosmetic tongue division is a procedure that has gained popularity in recent times. It is a procedure that carries risks, due to the myriad of vital anatomical structures in the region in question. The relevance of this case lies in the lack of regulation for the performance of this type of procedure by non-medical professionals, as well as possible complications.

Keywords: Tongue; Glossalgia; Tattooist; Cosmetic; Non-medical

Introduction

Cosmetic tongue division is a procedure that has gained popularity in recent times. It is a procedure that carries risks, due to the myriad of vital anatomical structures in the region in question. The relevance of this case lies in the lack of coverage for the performance of this type of procedure by non-medical professionals, as well as the possible complications of it.

Case Report

A 25-year-old woman came to our center's emergency department of otolaryngology complaining of intense, bloating and difficulty in eating, swallowing and bitter taste after cosmetic division of the tongue, performed by a tattoo artist for 5 days.

Examination revealed a forked tongue (Figure 1).

The cut edges were approximated with a material similar to a cotton thread, swollen, erythematous and sensitive to the touch.

The patient was afebrile (37.6^o) with high blood pressure.

Local anesthesia was injected into the tongue; the 'stitches' were removed, the tongue cleaned with povidone iodine and the edges re-approximated with absorbable sutures.

The patient was admitted overnight for intravenous antibiotics and corticosteroids and discharged the next day.

Data was collected by reviewing medical records. Patient consent was obtained.

Discussion

Previous medical history should be consulted to avoid further complications. The sterilization of equipment in a sterilization station and the use of disposable gloves are mandatory to prevent the transmission of infections such as hepatitis B, hepatitis C and HIV [1,2].

Figure 1: Stiches on the floor of the mouth with edema of Wharton's ducts. Signs of frenulectomy.

The psychological assessment of patients who wish to undergo bodily modifications is also an important part of the preoperative assessment to identify disorders such as body dysmorphic disorder and, in line with this, allow the physician to take care of a holistic perspective [3,4].

Health professionals must act to force the government to introduce regulation and registration for tattoo artists and prohibit procedures that involve cutting or sewing by non-medical professionals, as there is no minimum formal training required for tattoo artists and no clear laws that could impede tattoo artists of performing a cosmetic tongue split.

Consumers, if dissatisfied with the results, can and should report tattoo artists to local authorities.

Conclusion

Every surgery has risks, but in this case, bleeding, swelling, lingual nerve damage, infection, scarring and dysarthria must be considered and transmitted to the patient. This must be performed by a certificate professional, as a physician with experience in the field.

Conflict of Interest

No financial interest or any conflict of interest exists.

Bibliography

1. Nishioka S and Gyorkos TW. "Tattoos as risk factors for transfusion-transmitted diseases". *International Journal of Infectious Diseases* 5.1 (2001): 27-34.
2. Nishioka Sde A., et al. "Tattooing and risk for transfusion-transmitted diseases: the role of the type, number and design of the tattoos, and the conditions in which they were performed". *Epidemiology Infection* 128.1 (2002): 63-71.
3. Oshana A., et al. "Minority stress and body dysmorphic disorder symptoms among sexual minority adolescents and adult men". *Body Image* 34 (2020): 167-174.
4. Convertino AD., et al. "The role of sexual minority stress and community involvement on disordered eating, dysmorphic concerns and appearance- and performance-enhancing drug misuse". *Body Image* 36 (2021): 53-63.