



## BACKGROUND:

Lingual hematoma without any associated trauma or any bleeding risk factors is a rare entity.

Spontaneous Lingual haematoma is commonly described in patients on anticoagulation therapy.



## CASE PRESENTATION:

An 81-year-old female presented to Emergency department with 2-hour history of tongue swelling. Her medical history consisted of non-medicated HTN without any coagulopathy. She was not taking any medication and had not underwent a dental work up; however, she was admitted for UGIB secondary to peptic ulcer disease requiring blood transfusion (2 PRBC) and semi urgent gastroscopy 2 weeks prior.

Apart from discomfort in her mouth and inability to completely close her mouth secondary to her swollen tongue, she was otherwise asymptomatic. Her airway was patent and didn't complain of any respiratory symptoms. She was afebrile with GCS:15, and other vital signs:

BP	160/90	mmHg
HR	100	bpm
RR	21	bpm
O2Sat	96%	RA

The examination of the oral cavity revealed a mildly tender hematoma on dorsum and ventral surface of the tongue as well as floor of her mouth. The swelling was slightly visible over submental area and the anterior neck. Her blood test parameters including platelet and coagulation profile were within normal limits.

She was admitted to ENT ward under close observation for more evaluation and probably potentially life-threatening airway obstruction.

She remained stable without any progression of her swelling and was discharged home after 2 days without any complication or intervention. On 1 week follow-up post discharge she remained well, with significant reduction in hematoma size.

## DISCUSSION :

Although there are few case reports of lingual hematoma in patients with uncontrolled hypertension and most iatrogenic cases are after dental implants placement or thrombolytic treatments; however we think in this case delayed lingual and sublingual hematoma following upper GI endoscopy should be considered.

