Partial Glossectomy for Lingual Edema following Injury

A 4-year-old female child was admitted with persistantly protruberant swollen tongue following lingual injury sustained by four unprotected epileptic fits in the 12 hours preceding the admission. Attempts to reposition the tongue by the parents/patient had failed. On examination the tongue was edematous, swollen, ulcerated and bleeding. Antiepileptic treatment was started. The child was fed through the naso-gastric tube. A part of the tongue became gangrenous and the rest of it was edematous and protruberant even after ten days of supportive treatment. A partial glossectomy removing about onethird of the anterolateral aspect of the tongue was carried out. Postoperatively, the tongue was reducible and the child could take oral feeds and talk normally.

Lingual injury during a generalized seizure is a frequent occurrence(1). Usually, the injuries are simple and heal very soon. However, rarely severe lingual injuries can be sustained. Severe lingual edema may necessitate nasogastric feeding and occasionally partial glossectomy, as in the present case. In severe cases care must be given to maintain the adequacy of airway and tracheostomy may be needed(2).

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Artemether in Children with Severe Malaria

I read with interest the recent article by Huda, *et al.*(1). Based on an open randomized trial, they found artemether to be a good alternative to quinine for severe Plasmodium falciparum malaria. However, I would like to make certain observations.

In previous studies done on male Rhesus monkeys, artemether and other related compounds were found to cause significant brain injury and Petras, *et al.*(2) found neuropathological lesions in medullary precerebellar nuclei after treatment. A longer duration of follow-up and a larger sample size in this study would have been useful in reassuring that neurological sequelae really did not occur in children after artemether therapy.

Secondly, there is a concern about the bioavailability of intramuscularly administered artemether in children in cerebral malaria. In a previous study(3) done on Kenyan children, 19% were found to have low serum drug concentrations with a significantly longer 50% parasite clearing time.