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## Challenges in pediatric anterior skull base surgery

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Children are not miniature adults. They have unique differences in anatomy and physiology, when compared with adults. These differences enhance the complexities in already narrower, congested and critical regions of anterior skull base. It is important to recognize these differences while planning endoscopic surgery for them. We present few cases of complex pediatric skull base pathologies which were managed by endoscopic endonasal approaches successfully. The problems, their effects and possible solutions are discussed. Endoscopic endonasal approaches are suitable for treatment of wide varieties of pathologies and are universally accepted as standard of care for many of them. Age may not be a prohibitive factor anymore for these approaches. Excellent reconstructive techniques have added safety to the use of these approaches.

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## Tuberculosis of tongue: A case report

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**Introduction:** The prevalence of tuberculosis is decreasing but it has re-emerged as an opportunistic infection in immunocompromised individuals especially among the HIV infected people. Although tuberculosis can affect various organs in our body, lungs are the most commonly affected organ by the tuberculosis. However, tuberculosis of oral cavity and oropharynx is not common. Here, we are presenting a case of tubercular ulcer of tongue.

**Case report:** A 78-year-old male was brought to our department with the complaint of painful, progressive and non-healing ulcerated lesion of the tongue for three months. He did not give any history of fever, night sweats, cough, decreased appetite or significant weight loss. He did not give history of similar lesions in the past. He was a known case of hypertension taking antihypertensive medication. He admitted to smoking and drinking alcohol occasionally. Rests of his medical and surgical history were unremarkable. He was treated in a local hospital with topical antiseptics and oral antibiotics (ampicillin plus cloxacillin and metronidazole) and analgesics for two weeks but the lesion did not subside so, he was referred to our hospital for the further management. On examination of oral cavity, there was an indurated ulcer measuring 1.5x1 cm on the left lateral border of tongue (figure 1). It was tender with irregular border and undermined margin. There were no enlarged cervical lymph nodes and no similar ulcers in any other body parts. An incisional biopsy containing ulcerated lesion along with the normal looking margin was taken under local anesthesia in outpatient department and the specimen was sent for histopathological examination (HPE). Microscopically the lesion revealed the stratified squamous epithelium with granulomatous inflammation containing langerhan's type giant cells, epithelioid cells and foci of caseous necrosis; typical of tuberculosis (figure 2). The patient was then started on anti-tuberculous therapy (ATT) and at the completion of six months course of ATT, there were no signs of ulcer in tongue (figure 3).

**Conclusion:** Tuberculosis is still one of the most prevalent diseases in a developing country like ours. However, due to the effectiveness of DOTS therapy, vaccination and education; the prevalence of tuberculosis has fallen in recent years. Although the pulmonary tuberculosis is still very common in our country, the tuberculosis of tongue should be considered in a differential diagnosis of chronic ulcer of tongue.

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