

PACIFIC JOURNAL OF MEDICAL SCIENCES

{Formerly: Medical Sciences Bulletin}

ISSN: 2072 – 1625



Pac. J. Med. Sci. (PJMS)

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CASE REPORT

CAPILLARY HAEMANGIOMA – A CASE REPORT

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ABSTRACT:

Haemangioma are relatively uncommon lesions, but head and neck is a common region. Although haemangioma is common in head and neck its rarely seen intraorally. Haemangioma is histologically classified into capillary and cavernous forms. Ultra sound imaging, Computed tomography (CT) and magnetic resonance imaging (MRI) can be used for volumetric analysis of haemangioma. This article reports a rare case of capillary haemangioma in the tongue.

Key words: Haemangioma, intra oral, vascular malformation

Submitted: June 2014; Accepted: August 2014

INTRODUCTION:

Haemangioma and vascular malformations are diagnosed fairly easily with careful history and physical examination. The head and neck region is the site for haemangioma development which is mostly seen in childhood (about 60% of cases) [1, 2]. The gender of the patient and the size of the haemangioma do not influence the speed or the completeness of resolution among the different localizations of vascular malformations in the head and neck region; the tongue has specific characteristics because it is not only susceptible to trauma, but

also may cause speaking or swallowing problems [2].

Here we are reporting a case of haemangioma present on tongue of 46 year old male patient. Ethical clearance was taken from University Ethical department for publishing this case report.

CASE REPORT:

A-46-year old male patient reported to the dental hospital with the chief complaint of decay on lower right back tooth since 6 months. He had history of pain in right lower back teeth region when chewing. His general

physical examination and extra oral examination were non contributory. On intra oral examination dental caries were found in relation to right maxillary second and third molar, left maxillary third molar, left mandibular first, second and third molar and in right mandibular second molar. In the tongue a solitary swelling of size 1.0×1.5 cm was seen on the dorsal surface. It was greyish blue in colour and oval in shape [fig 1]. The patient gave history of bluish discolouration in the tongue which was present during childhood. The surrounding tissue appears to be normal. There was restriction in tongue movement due

to tongue tie [fig 2]. On palpation all inspectory findings regarding size, shape and site was confirmed. The swelling was non tender, non fluctuant, non compressible. No bleeding or pus discharge was present on palpation. Diascopy test was performed and blanching was noticed [fig 3]. Based on the clinical presentation and chair side investigation the swelling was provisionally diagnosed as haemangioma. Ultrasonography of tongue shows a small hypo echoic lesion on the ventral aspect of tongue with vascularity on colour Doppler, suggestive of haemangioma.



Fig 1- Bluish discolouration seen on dorsum of tongue



Fig 2- Tongue tie



Fig 3- Blanching seen in diascopy

DISCUSSION:

Haemangioma and vascular malformations are diagnosed fairly easily with a careful history and a physical examination. Haemangioma is histologically classified into capillary and cavernous forms. Capillary haemangioma is composed of many small capillaries lined by a single layer of endothelial cells [2]. Supported in a connective tissue stroma of varying density, Cavernous haemangioma are composed of large, irregular, deep dermal and subcutaneous blood-filled channels that impart a purplish discoloration to the overlying skin [3]. In our present case it was diagnosed as capillary haemangioma. Haemangiomas are typically soft, poorly defined, and readily blanch with compression, giving them a characteristic "bag of worms" feel. Often, a capillary component overlies a cavernous component, and it may be difficult to distinguish these components histologically [3]. Our present case also showed similar features. It has a higher prevalence in females than in males. The head and neck is more commonly affected especially the face, oral mucosa, lips, tongue and trunk [4, 5]. In the present case lesion was present on dorsum of tongue in 46 year old male patient. Clinically haemangioma can be characterized as a soft, smooth or lobulated, sessile or pedunculated and may be seen in any size from a few millimetres to several centimetres [5]. The colour of the lesion ranges from pink to red purple and tumour blanches on the

application of pressure, and haemorrhage may occur either spontaneously or after minor trauma. They are generally painless [6]. In our present case the colour of the lesion was greyish blue and painless. Even though haemangioma is considered one of the most common soft tissue tumours of the head and neck, it is rarely seen in the oral cavity and uncommonly encountered by the clinicians. Radiographic imaging is indicated preoperatively in selected cases where large lesions may impinge on vital anatomical structures, such as the facial nerve or orbit. Ultra sound imaging, Computed tomography (CT) and magnetic resonance imaging (MRI) can also be used for volumetric analysis of haemangioma and vascular malformations [4]. In this case the Ultrasonography of tongue shows a small hypo echoic lesion on the ventral aspect of tongue with vascularity on colour Doppler, suggestive of haemangioma. Management of haemangioma depends on a variety of factors, and most true haemangioma requires no treatments. However, 10-20% requires treatment because of the size, exact location, and stages of growth or regeneration [6]. There are many treatment modalities reported in the literature for head and neck haemangioma, including wait and watch policy, for spontaneous involution, intralesional and systemic corticosteroid treatment, embolization, excision, electrolysis and thermocautery, immunomodulatory therapy with interferon

Alfa-2a, and laser photocoagulation [7]. Recently, Sclerotherapy has been employed largely because of its efficiency and ability to conserve the surrounding tissues [4] Growing haemangioma can be treated effectively by using systemic drug therapy, sclerotherapy, laser therapy or combined therapy. Surgery is usually indicated when there is no response to systemic treatments, or even for aesthetic reasons, surgery is also performed as a simple excision in combination or not with plastic surgery. Kutluhan [8] used plasma knife surgery for excision of haemangioma of tongue. In this present case surgical excision of the lesion was advised to the patient, but the patient was not willing for the treatment procedure. Patient was recalled for review after one month, but the patient did not come for follow up.

CONCLUSION:

Oral hemangiomas are a rare clinical finding. However, they can be easily diagnosed provided care is taken in eliciting a proper history and careful clinical examination. Surgical therapy has proved successful in most cases, could be performed safely.

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