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Hemangioma a case Report: Our Experience

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Abstract

Hemangioma is a common tumor of the head and neck. It is a benign vascular lesion generally congenital in origin which develops from abnormally differentiated blood vessels. They are classified into cavernous, capillary and mixed types. Vascular malformations are error of morphogenesis that are palpable by stable mature vascular Endothelium. They are classified according to predominant type of vessels and characteristic flow. One of them is arterio-venous malformations which are associated with considerable extent of arterio-venous shunting. The management of such lesions is difficult because of abundant vascular network in the region.

Keywords: Hemangioma, Vascular malformations,

Introduction

Hemangiomas are benign, vascular lesion, generally congenital in origin, developing from abnormally differentiated blood vessels. Most hemangiomas are found within the soft tissue(mucosa, skin and muscles) and only small percentage of these lesions are more common in mandible than in maxilla (2:1)[1]. The most common sign is of a slow growing palpable mass that is fluctuant and the overlying skin of the lesion will often show increased vascularity, giving the hemangioma a bluish tint, thrills, bruits and pulsation[2].

Case Report

In august 2017, 16 year male patient reported to our dept with complaint of swelling of right cheek region since 2 yrs , as per history given by the patient, the size of swelling increases and becomes more prominent after waking up from sleep and later reduces in size as the day progress. On clinical examination swelling was soft tender on palpation, compressible, non fluctuant, non reducible soft to firm in consistency and approximately 3x2 cm in size extending over right cheek region from right corner of mouth involving right upper lip. Histopathologically (FNAC) report showed vascular lesion arterio-venous malformations, USG showed multiple channels showing vascularity. On colour Doppler imaging within the swelling, it presents AV malformations. CT carotid angiogram showed well defined rounded soft tissue density lesion 2.3x 1.9x 2 cm with cheek region anterior to the masseter muscle. Branch of facial artery appears to be feeder of the lesion, and the lesion is drained by tributary of facial

and maxillary veins. The lesion was diagnosed as slow flow AV vascular malformation of external carotid artery on right buccal mucosa.

General anesthesia was used for the operation. Popescu's ligation technique[6] was used around the tumor. As a result the afferent vessels are closed and the blood supply was interrupted and the blood circulation was stopped in the tumor after proper dissection the AV malformation was identified. All the feeder bleeders were ligated and excision of the lesion done.

Discussion

Hemangiomas are thought to be congenital vascular malformation arising from abnormally differentiated and proliferating endothelial cell network. The tumor is presenting in 1st decade of life[4]. .Hemangiomas is more common in lip and tongue. Hemangiomas occur during the 1st month of life usually present during neonatal period [2]. Spontaneous regression of hemangioma is not usual. Clinically pain is dependent on speed of enlargement, pressure on adjacent anatomic structure and thrombosis. Pain was not present in the presented report [2]. CT contrast is an excellent imaging technique for revealing phelebolith, which was to be pathognomic for a hemangioma. MRI produces high signal intensity representing blood as well as focal heterogenesities representing areas of thrombosis, fibrosis or calcification. Ultrasonography is an inexpensive and noninvasive method with limited information. CT angiography reveals feeder vessels and vascular abnormality thus plays an important role in reaching to a definitive diagnosis [5].In case of large lesions it is difficult for surgical innervations because of severe hemorrhage. Such cases also show slow flow, lack of pulsatile quality or bruits and low vascular pressure. These are treated by conservative management by using sclerosing agent, fibrolysing agent, embolisation, cryotherapy and lasers[3].

In our case we treated by surgical innervations, initially the ligation of the feeder vessels were done after that complete surgical excision were done on the lesion. It contained blood filled capillaries lined by layer of endothelial cells in connective tissue stroma without the evidence of inflammation.

Conclusion

Arterio-venous hemangioma of oral mucosa is heterogenous vascular anomalies of multifactorial origin and etiology. It require appropriate clinical diagnosis and proper management. Treatment modality should be carefully planned based on patient age, clinical features, extent of the lesion and systemic medical status.

References

1. Daniel C. Chin, D.D.S., M.S., Schaumburg.Treatment of maxillary hemangioma with a sclerosing agent.Oral surg. March, 1983 Vol 55 No.3
2. Hasan Ayberk Altug, Vural Buyuksoy, Kemal Murat Okcu.Heamangiomas of the head and neck with phlebolityhs: Clinical features, diagnostic imaging, and treatment of 3 cases. Oral Surg Oral Med Oral Pathol Oral Radiolendod 2007;103:E60-E64
3. K. A. Kamala, L. Ashok, G. P. Sujatha. Cavernous hemangioma of the tongue: A rare case report. Contemporary Clinical Dentistry | Jan-Mar 2014 | Vol 5 | Issue 1
4. M.Ethunandan, Timothy K.Mellor. Haemangiomasand vascular malformations of the maxillofacial region- A review.British journal of oral and maxillofacial surgery 44(2006) 263-272

5. Neeraj Kumar Dhiman, ChandreshJaiswara, Naresh Kumar and et al. Central cavernous hemangioma of mandible: Case report and review of literature. Nat J Maxillofac Surg. 2015 Jul-Dec;6(2):209-213.
6. U Mgbeokwere And Egwuom. Hot Hypertonic Saline And Compression Device: A Novel Approach In Preventing Severe Hemorrhage During Extirpation Of Deep Vascular Malformations Of The Face. Ann Med Health Sci Res. 2012 Jan-Jun; 2(1): 1-4.

Legends Figure

Figure 1: Pre op photograph

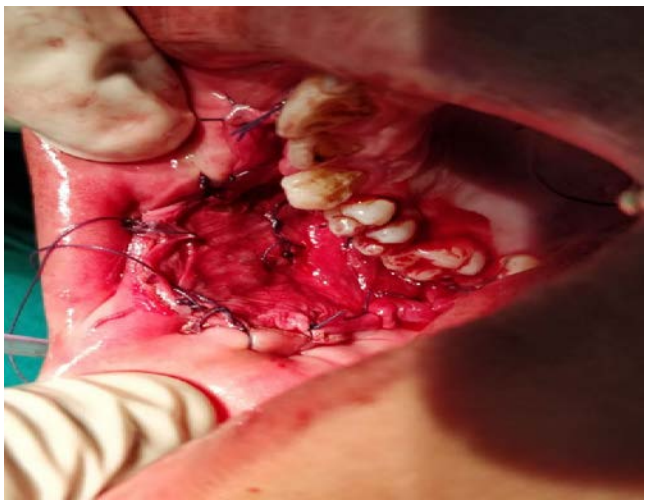

Figure 2: Intra op photograph