

ULCERATIVE LOBULAR CAPILLARY HAEMANGIOMA AT VENTRAL SURFACE TO TONGUE IN AN ELVEN YEAR OLD – AN UNUSUAL CASE PRESENTATION

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Abstract

Haemangioma is a relatively common benign proliferation of blood vessels that primarily develops during childhood. Two main forms of haemangioma are recognized: capillary and cavernous.. The capillary form presents as a flat area consisting of numerous small capillaries. Cavernous haemangioma appears as an elevated lesion of a deep red colour, and consists of large dilated sinuses filled with blood. The purpose of this study was to share a case report of an ulcerative lobular capillary haemangioma at ventral surface of tongue which is a rare site for this benign tumour and to describe its successful surgical treatment.

Introduction

A number of terms have been used to describe vascular lesions, like haemangioma or vascular malformations.^{1,3,4} Haemangioma is a term that encompasses a heterogeneous group of clinical benign vascular lesions that have similar histologic features.²

It is a benign lesion, which is proliferating mass of blood vessels and do not undergo malignant transformation. There is higher incidence in females than males. Although a few cases are congenital, mostly develop in childhood.²

Capillary haemangioma are composed of small thin walled vessels of capillary size that are lined by a single layer of flattened or plump endothelial cells and surrounded by discontinuous layer of pericytes and reticular fibres.⁵

Clinically haemangioma mass are characterized as a soft mass, smooth or lobulated, sessile or pedunculated and may be seen in any size from a few millimetres to several centimetres. 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. Oral haemangioma are usually seen on the gingival and less frequently at other sites where it occurs as a capillary or cavernous type, more commonly the former.⁵

Case report

An eleven year old child reported to the Department of Oral diagnosis, medicine and radiology of K.D. Dental College and Hospital, Mathura, with the chief complaint of a growth present under the tongue since one year. The lesion was not associated with any pain, swelling, numbness or bleeding since its presence. Patient did not notice any growth in its size from past one year. Parents gave a history of local application of candid mouth-paint and oral antibiotics as prescribed by a local practitioner but with no result.

On examination a solitary, exophytic oval shaped growth of mixed whitish and bluish colour of approximately size (15mm x 9mm) was seen on right side of ventral surface of tongue in anterior two third area. (Figure 1)



Figure 1: Pre-Operative Photograph

On palpation the lesion was mildly tender, lobulated and was not associated with any discharge. Patient was advised excisional biopsy after routine haematological tests under antibiotic coverage. The lesion was excised under local anaesthesia and suturing was done which was removed seven days post operatively.



Figure 2: One month post-operative photograph showing complete regression and healing

The surgery was totally uneventful with normal bleeding and haemostasis was obtained easily. The specimen was sent for histopathological examination and diagnosis of ulcerated lobulated capillary haemangioma was made. The

lesion site showed complete healing as shown in figure 2 which was taken one month post operatively.

Discussion

Haemangioma are a common soft tissue benign tumour of head and neck in children that is often present congenitally or in early childhood. Capillary haemangioma account for 8-10% of benign paediatric tumours.⁷ They usually cover a large site, may be macular or raised and usually resolve progressively in childhood.^{1,6}

They may occur in the oral and maxillofacial region including gingiva, palatal mucosa, lips, jawbone and salivary glands. Gingival haemangioma may easily be confused with other types of lesions like epulis or pyogenic granuloma.

Ventral tongue surface involvement is extremely rare and unusual as in this case. Further this lesion has a definite sex predilection with female to male ratio as 3:1. In this case we describe a lesion in an eleven year old male patient.

The management of haemangioma of the oral mucosa varies according to the age of the patient, the size of the lesion, the site of involvement and the clinical nature of the haemangioma. The range of treatment includes steroid therapy, carbondioxide or argon laser therapy, sclerosing agents, surgical excision with or without ligation of vessels and embolization.⁶ The treatment also includes oral propanolol for larger lesions, highly vascular lesions.

Conclusion

In this case a capillary haemangioma on ventral surface of tongue in an eleven year old boy was successfully treated by surgical excision. Early detection and biopsy of this kind of lesion is mandatory. Other treatment options have also been mentioned as deemed necessary for a particular case.

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