

Oral bleeding: a case report of hemangioma of palate

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ABSTRACT

Hemangiomas are benign vascular tumors of blood vessels that represent a gray area between hamartomatous malformation and true neoplasms. In spite of being largely benign, they can become unpleasant, disfiguring and also sometimes fatal if they affect vital structures. More than half of the cases occur in head and neck; however, intraoral hemangiomas are relatively rare. They can present in a variety of ways. This is a case report of cavernous hemangioma of hard palate which presented with intra oral bleeding and ulcer, which was initially investigated as being a probable case of neoplastic lesion of the palate in a 71-year-old woman.

Keywords: capillary hemangioma, cavernous hemangioma, oral ulcer

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INTRODUCTION

Hemangiomas are vascular tumors or blood vessels which occupy an intersecting zone between hamartomatous malformation and true neoplasms. In spite of being largely benign, they can become unpleasant, unsightly and also sometimes fatal if they affect vital structures. More than half of the cases occur in head and neck; however, intraoral hemangiomas are relatively rare.¹ This is a case report of capillary hemangioma of hard palate which presented with intra oral bleeding ulcer leading to anemia, which was initially investigated as being a probable case of neoplastic lesion of the palate. This case report is aimed at junior surgeons and community practitioners so as to keep in mind the differential of hemangioma while treating oral ulcers, which will lead to timely referral and definitive management.

CASE REPORT

A 73-year-old lady presented to ENT OPD with history of bleeding from oral cavity for a duration of six months. According to her, the bleeding started suddenly one day, not related to food habits or chewing, comprises of fresh blood mixed with saliva and stopped spontaneously after a while. She had on and off bleeding which was of about 25-30ml in one episode.

Later, she discovered a lesion in the palate which was painless.

She has no history of trauma or smoking but consumes alcohol in a regular basis. She had been treated with local ointment and oral antibiotics at different centers without any improvement. Other histories were non relevant.

On intraoral examination, 1.5 X 1.5 cm sized solitary, reddish, ulcerative lesion was seen in the posterior aspect of hard palate situated on the left side of midline. It was almost circular in shape with well-defined margin with the overlying mucosa eroded at few places and covered with slough at few places.

It was non tender, not indurated, slightly compressible but non blanching and non-reducible. Other Head and Neck examination was normal. The CECT scan revealed a normal scan.

Preoperative hematological examination revealed anemia (Hb 11.1mg/dl) which was corrected by oral iron supplementation pre-operatively. All other blood parameters were within normal limits. Based on the clinical appearance of the lesion a provisional diagnosis of pyogenic granuloma was

made. The differential diagnosis included peripheral ossifying fibroma, peripheral giant cell granuloma, hemangioma and fibroma.



Figure 1. Oral cavity showing an ulcerative lesion at the junction of soft and hard palate in the midline



Figure 1. HPE A: Ectatic blood vessels filled with RBC B: Fibrocollagenous tissue intermingled with the vessels

After obtaining informed consent, the lesion was excised and primary closure was done. The tissue was sent for HPE which revealed tissue with epidermis lined by keratinized stratified squamous epithelium with parakeratosis. Numerous dilated capillaries and cavernous like vascular spaces are seen in the upper dermis extending into the deeper dermis. Few ectatic blood vessels filled with RBCs and are separated by thin fibrocollagenous tissue. The HPE diagnosis was Cavernous Hemangioma.

At 2 weeks’ follow-up, the oral cavity was normal.

DISCUSSION

Hemangiomas are benign vascular tumors or tumor like malformation which commonly occurs in head and neck region, much rare in oral cavity

and exceptionally rarely reported in the palate.¹ Vascular anomalies of head and neck historically have confused clinicians which have resulted in difficult study, improper diagnosis and inappropriate treatment.²

The exact mechanism for the origin is not clearly described in the literature.³ However, certain congenital factors, response to chronic irritation or infection and hormonal effects also has been reported for the cause.⁴

The incidence is highest soon after birth or in early childhood but seen in all ages even upto the eighth decade of life.⁵ It is considered to be the commonest tumor of infancy and childhood.⁶ It seems to be more common in female, female to male ration being 3:1 to 7:1.⁷

They can be found in buccal mucosa, tongue, lip, gingiva and less commonly on the hard palate more than the soft palate. Sometimes hemangioma can present as life-threatening bleeding specially at the extremes of age.⁸

The differential diagnosis of hemangiomas includes pyogenic granuloma, peripheral giant cell granuloma, peripheral ossifying fibroma, and sometimes they can be confused with palatal malignancy.¹ The classification of hemangiomas is based on histological appearance, therefore histopathological assessment remains the most accurate and satisfactory means of diagnosis.² Biopsy of the lesion is mandatory for definitive diagnosis and to rule out more serious conditions.

The treatment options vary according to the age of presentation, site, size and complications caused. Intra-lesional steroid injection is one of the convincing treatment with low rate of complications.⁹ In addition to that diode laser photocoagulation,¹⁰ radiofrequency ablation, electrosurgery, cryosurgery, Nd: YAG laser, CO2 laser surgery and injection of other sclerosing agents intra-lesionally have been considered with resolution.

However, the most common treatment of choice for haemangioma is surgical excision of the lesion with or without ligation of vessels and embolization.¹¹ During surgery, the risk of bleeding should be taken into account. In addition to that, if a large area is being excised, primary closure can be a challenge and at times the requirement of flaps could be a possibility.

Recurrence of hemangiomas after treatment has been reported in literature.¹²

CONCLUSION

A differential diagnosis of capillary hemangioma should be kept in mind especially by the community practitioners and junior surgeons when one comes across an oral lesion like in this case. Although the preliminary management would be treating them conservatively, if unhealing for some time then timely referral for definitive management should be done to avoid delays, confusions and significant morbidities.

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