

HEMANGIOMA TONGUE: AN UNUSUAL PRESENTATION

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ABSTRACT

Hemangiomas are benign vascular tumours that arise from vascular tissue cell types. Hemangiomas generally appear on Face, Lips, Tongue, Scalp, skin of Cheeks, Neck and Head-Neck region and they may occur throughout the body. They generally appear in first year of life and generally present as a Red mark anywhere on the body. They have a tendency of growth for about one year and then they regress as the child gets older. A Hemangioma generally required treatment when they obscure Airway and inflict mass effect on other tissues. There are several types of Hemangiomas viz., Capillary, Cavernous, Mixed, Racemose, Strawberry, Sponge. The diagnosis of hemangiomas is largely clinical where a clinician can diagnose hemangioma in clinical examination and no further investigations are required. The Hemangiomas occurring in Liver and other body organs warrant a full workup and investigations including Skiagrams, USG, Computed tomography scanning and Contrast Enhanced MRI. The contrast accumulation in the hemangiomas themselves excellently demonstrates the Size, Location and extend of the Hemangiomas. The Hemangiomas are generally never subjected to biopsy due to the risk of bleeding. Generally the management involves the use of topical Beta-blocker solution and Propranolol oral suspension in children having Strawberry birthmarks, These superficial hemangiomas disappear after about 1 year of continued treatment. The adverse effects of Beta blockers are high blood sugar, low blood pressure and wheezing. In those patients where beta blockers are not effective the topical solution of corticosteroids may be an option. In some cases LASER surgery has been tried to ablate and remove small hemangiomas. In cases where the hemangioma is present in an internal organ then removing the entire organ is also an option to be considered in treatment.

KEYWORDS :**Case Presentation**

Patient presented in the E.N.T. OPD at M.B.S. Hospital, Kota with the complaint of swelling in the tongue and inability to masticate, swallow food and inability to sleep. On general physical examination the patient was lean in built and was conscious, oriented to Time, Place, Person. The examination of Neurological, Cardiovascular, Gastrointestinal, Musculoskeletal, Respiratory system was carried out and it did not reveal any significant abnormalities, all the vitals and examination parameters were well within normal range. The patient had enlarged tongue since birth and the enlargement was progressive in nature and the Tongue enlarged slowly over the years to reach the present stage. The enlargement became more problematic for the patient in last 3 years as the enlargement caused patient to feel a significant impact on his day-to-day life and started to hamper important functions like mastication, swallowing and effected the quality of sleep. The patient started to sleep with his tongue protruding out of his oral cavity.

The examination of the Orbit, Nasal Cavity, Ear, Cranial Nerve was normal and did not reveal any abnormalities. The Examination of the Oral cavity, Oropharynx and Larynx was not possible due to grossly enlarged Tongue. A marked enlargement of the Tongue was noted together with bluish discoloration. The enlargement noted was very significant and the Tongue did not fit inside the oral cavity and could be seen protruding out of the oral cavity. Neck examination revealed multiple swellings in the lateral aspect of the Neck. The swellings were multiple, smooth, and round in appearance, bluish discoloration present over them, non-tender, compressible and the swelling reappeared after reduction, not pulsatile and non-trans illuminant on examination. The routine blood work was ordered, together with contrast enhanced CT scanning and MRI. Contrast

enhancement was noted in the tongue and the next swellings suggesting vascular lesions. FNAC of the lesion was attempted using 27 gauge needle and the aspirate was bloody. A diagnosis of Hemangioma was made based on clinical features, imaging and the bloody aspirate in FNAC. The relevant images are shown below.





The Patient was given oral propranolol, oral methyl prednisolone, sedatives and topical timolol maleate 0.5% gel.