



LOBULAR CAPILLARY HEMANGIOMA OF NASAL CAVITY

Dr. C. Amruth

Junior residents, Department of otorhinolaryngology, SVS Medical College and Hospital, Yenugonda mahabubnagar.

Dr. V. Jhansi Lakshmi

Junior residents, Department of otorhinolaryngology, SVS Medical College and Hospital, Yenugonda mahabubnagar.

ABSTRACT

Lobular capillary haemangioma, classically known as "pyogenic granuloma," is the most common type of haemangioma in the sino nasal region (generally arising from the nasal septum). It is composed of capillary-sized vessels lined with flattened epithelial cells separated by a collagen stroma. It usually occurs between the third and fifth decades of life. Its etiopathogenesis is not clearly known, although this entity is commonly found in middle-aged women, specifically in pregnant women and women on oral contraceptive treatment, and shows a strong association with trauma and hormonal influences on its development.

KEYWORDS :**INTRODUCTION :**

Lobular capillary hemangioma is a benign rapidly growing lesion. Usually, it is solitary which occurs on the skin and mucous membrane of unknown etiology. Oral cavity is the most common site of involvement, while it is rarely located in the nasal cavity. It may be pedunculated or broad based and can vary in size from few millimeters to several cms. The most common etiological factors are trauma, hormonal factors and pregnancy. We emphasize that in differential diagnosis of bleeding nose filling the nasal cavity, the rarely seen LCH must be included. Our case also illustrates that these lesions don't require preoperative embolization and can be resected completely and effectively with endoscopic surgery.

Case Report :

A 20-year-old female patient presented with the complaints of multiple episodes of epistaxis, nasal obstruction and external swelling on the root of the nose on left side for 1 year. There was no known history of trauma or recent infection. Detailed evaluation includes nasal endoscopy revealed a reddish hemorrhagic polypoid nose in left nasal cavity which bled readily on touch.

It was seen to be originating from lateral wall of the nose from middle turbinate. Her blood parameters were within normal limits. CT scan of nose and PNS reveals a soft tissue density 20*12 mm in the left middle turbinate region with thickening of left maxillary sinus without connection to the intracranial. Biopsy Report: Biopsy report shows capillary hemangioma.

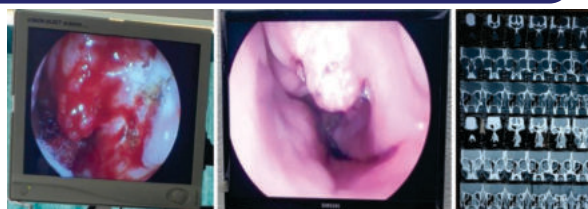
DISCUSSION:

Lobular capillary hemangioma of nasal cavity usually presents with recurrent unilateral epistaxis, nasal obstruction, giddiness, and headache. On endoscopy the lesion usually appears as a red to purple solitary mass.

Histologically: Pseudo stratified columnar epithelium with proliferatory capillaries in lobules, lined by endothelium and mixed inflammatory infiltrate with adjacent normal mucosal glands. Total excision of the lesion is done by endoscopic surgery. All patients can be managed without preoperative embolization. Recurrences are rare, no malignant potential has been reported.

Differential Diagnosis

Nasal polyp, Antrochoanal polyp, Meningocele, Meningoencephalocele, Sarcoidosis, Wegner's granulomatosis, Papilloma, Kaposi's sarcoma, Haemangiosarcoma, Squamous cell carcinoma, Mucosal malignant melanoma.

**CONCLUSION:**

Lobular capillary hemangioma is a rare lesion of unknown etiology especially when it occurs in the nasal cavity. It should always be considered as a differential diagnosis of vascular lesions within the nasal cavity. Endoscopic-guided total excision is the appropriate treatment with regular follow-up gives a good prognosis.

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