



## Case report of eyelid hemangioma in a 52 year old female.

### KEYWORDS

hemangioma, fibrosis, cryotherapy

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### ABSTRACT

*Hemangioma ,also known as benign hemangioendothelioma can occur as primary eyelid lesions. These lesions do not undergo spontaneous regression and have a 3:2 female to male preponderance. With sometimes alarming growth these lesions can undergo proliferation which can be painful and if untreated can lead to fibrosis. This apart from the ophthalmic complications can also have a cosmetic and thus psychological impact on the patient. Hereby presenting a case of a 52 year old female with eyelid hemangioma who refused surgical intervention hence considering her age and unwillingness for surgery underwent cryotherapy as a treatment for hemangioma.*

### INTRODUCTION

Hemangiomas are benign vascular tumors that are usually sporadic in nature. Recent theories have suggested a placental origin .They have a unique immunophenotype. There is high expression of glut 1 antigen ,a glucose transporting protein previously seen only in tissues blood barrier function like brain and placenta[1] .Three additional antigens are expressed in hemangioma tissue : lewis-y,merosin and fc gamma II. They have a unique histological picture in the progressive and regressive phase.The progressive phase reveals robust endothelial cells and pericytes around fine channels containing erythrocytes.[2] Lesions are abundantly granulated.In regressive phase mitoses are fewer with mast cells and apoptotic bodies abundant. Endothelial cells flatten and vascular lumens dilate. Fibrous tissue eventually dominate. Eyelid hemangiomas present a unique challenge while many hemangiomas can be observed, some of them can give rise to astigmatism, anisometropia , blepharoptosis.[3] Fibrosis to some degrees has been reported. The diagnosis is mostly clinical ,detected by the depth and location . MRI can be used as an ancillary test to detect postseptal involvement.Treatment modalities include surgical excision, intralesional steroids and cryotherapy.[4]

### Case history

A 52 year old female ,farmer by occupation and resident of kolhapur came to our opd with complaints of mass over the right upper lid and lower lid which had gradually increased in size over 20 years and was not associated with pain. Her vision in the right eye was 6/18 with pin hole improving upto 6/6 and in the left eye 6/18 improving with pin hole upto 6/6.On examination of the right eye there were two well defined, non mobile lesions on the lateral 2/3<sup>rd</sup> of the upper lid and lower lid which were bluish red in colour and around 3mm X 2mm in dimentions and encroaching upon the palpebral conjunctiva.Rest of the anterior segment was normal and on dilated funduscopy the fundus also appeared normal i e with no evidence of retinal hemangioma. In the left eye a tiny red dot like lesion was seen on the inner aspect of the upperlid.Systemically there were no hemangiomas on the rest of her body.She

was advised surgical excision of the hemangioma but she refused to undergo surgery. Hence Cryoapplication was done on the right upperlid and lowerlid under topical anesthesia.30 seconds freeze and thaw cycles were applied at 2 sites on skin and 4 on the conjunctiva over the hemangioma.Patient was advised a follow up on the next day and after 8 days when the lesion appeared to be reduced in size.

### Conclusion:

Many studies have shown that the psychological and social effects of hemgiomas are similar to those seen with facial deformities.Our meticulous examination provided us with the diagnosis and though cryotherapy is the second line of management, considering the patients unwillingness to undergo surgery and her age we went ahead with cryotherapy which reduced the hemangioma to a cosmetically acceptable level and halted its spread thus preventing fibrosis and benefiting the patient.

### External appearance



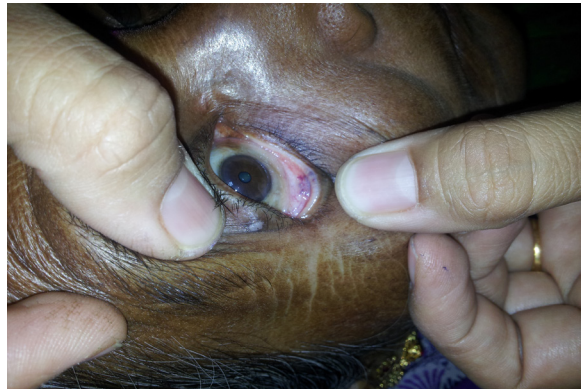
lowerlid hemangioma



upperlid hemangioma



post op photos



operative pictures



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