ORIGINAL RESEARCH PAPER
Volume-7 | Issue-8 | August-2018 | PRINT ISSN No 2277 - 8179
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

INTRA ORAL HEMANGIOMA TREATED BY ELECTROCAUTERY

Dental Science

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ABSTRACT

Haemangioma are common tumors characterized microscopically by proliferation of blood vessels, it is considered as one of the most common soft tissue tumor of the head and neck but it relatively rare in the oral cavity. This paper describes 45 year old female who patient gave a complaint of a painless mass on the buccal mucosa since 1 year, the lesion had irregular but smooth surface, it was treated by electrocautery and the lesion was diagnosed histopathologically as haemangioma, early detection, biopsy and management will prevent potential complications, recalling and follow up is recommended to detect signs of recurrence.

KEYWORDS

Haemangioma, Buccal Mucosa, Excision, Recurrence

Introduction

We present a 45-year-old female patient who presented to the department of dental surgery with chief complaint of an asymptomatic slow-growing painless mass on the left buccal mucosa since 1 year. Past medical, dental and family histories were noncontributory and on physical examination, she appeared to be healthy and, with all her vital signs being within normal limit.

On intra oral examination, on inspection a solitary sessile mass was seen on left buccal mucosa measuring approx 1.5cms in diameter, red in color, roughly oval in shape with well defined borders, surrounding mucosa was normal, no other secondary changes seen. On palpation the lesion was soft in consistency, non tender, non fluctuant, no palpable thrills, blanched on compression, no other secondary changes seen.

Based on the clinical findings a provisional diagnosis of hemangioma was given. A differential diagnosis of traumatized mucoceole, lymphangioma, traumatic fibroma was given. Ultrasound examination revealed a well defined hyper echoic lesion suggesting hemangioma. Under aseptic conditions the lesion was excised by electrocautery under local anesthesia and the specimen was sent for histopathological examination. The H and E stained section revealed flattened stratified epithelium, sub epithelial cavernous spaces filled with blood and islands of mucous glands suggesting hemangioma.

Based on the clinical findings and histopathological examination a final diagnosis of hemangioma of buccal mucosa was given. Patient was followed up for three months and no reoccurrence of the lesion was noted.

Fig 1 shows the profile of the patient

Fig 2 shows the erythematous lesion

Fig 3 intra operative application of electrocautery

Fig 4 specimen after excision

Fig5 sutures placed

Fig 6 showing the post operative one month follow up image

Discussion

Hemangiomas are vascular-origin tumors that grow with cellular proliferation. They are the most common benign tumors of childhood.[1] There is a higher incidence in females than males .[2] Hemangioma is considered one of the most common soft tissue tumors of the head and neck ,[3] where as it is relatively rare in the oral cavity.

First case of hemangioma was documented by Liston (1843).5 Later in 1867, Virchow described the first case of vertebral hemangioma. Kasabach and Merrit (1940) reported a case of hemangioma involving the skin and deep soft tissues of the thigh.[4]

Classification:-

Hemangiomas are classified by Shafer et al (1993) as follows[5] :-

- Capillary hemangioma
- Cavernous hemangioma
- Angioblastic or hypertrophic hemangioma
- Racemose hemangioma
- Diffuse systemic hemangioma
- Metastasizing hemangioma
- Nevus vinosus or port-wine stain
- Hereditary hemorrhagic telangiectasia

Histologically hemangiomas are also classified into capillary and cavernous forms.[6]

1. Capillary hemangioma :- Composed of many small capillaries lined by a single layer of endothelial cell supported in a connective tissue stroma of varying density.
2. Cavernous hemangioma :- Formed by large, thin walled vessels, or sinusoids lined by epithelial cells separated by thin layer of connective tissue septa.

Clinically, hemangiomas appear as a painless, soft, smooth/lobulated, sessile/pedunculated mass, they may vary in size from a few millimeters to several centimeters.[7] Typically, the lesion has a light bluish hue. They are compressible and fill up slowly again after removal of pressure, thus the characteristic "Blanching" effect is noted.[8] Most of the hemangioma involves the head and neck, they are rare in the oral cavity but may occur on tongue, lips, buccal mucosa, gingiva, palatal mucosa, salivary glands, alveolar ridge, and jaw bones.[9] The differential diagnosis includes pyogenic granuloma, epulis granulomatosa, telangiectasia, angiosarcoma and other vascular appearing lesions of face or oral cavity such as Sturge Weber Syndrome.[10] Hemangiomas can be diagnosed easily by inspection.Contrast-enhanced MRI and angiography may be required to understand the depth and extent of the lesion and to know about vascularization of large lesions.[11]

Management of hemangioma depends on a variety of factors including the age of the patient and the size, extent of the lesions, as well as their clinical characteristics. The range of treatment includes surgery, flash lamp pulsed laser, intralesional injection of fibrosing agent, interferon alpha-2b, and electrocoagulation while cryosurgery, compression and radiation were used in the earlier days.[6,10]

CONCLUSION

Haemangioma on the buccal mucosa of the oral cavity is relatively rare, early detection, biopsy and management will prevent potential complications, recalling and follow up is recommended to detect signs of recurrence

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