



ANGINA BULLOSA HEMORRHAGICA- A SERIES OF 3 CASES

ENT

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ABSTRACT

Angina bullosa hemorrhagica considered a rare condition is characterized by hemorrhagic blisters and pain in the oral cavity caused by oily food, local trauma, dental treatment, steroids and diabetes. In Indian subcontinent it is very common after ingestion of oily food with pickles

KEYWORDS

Angina bullosa hemorrhagica, oily food, pickles, India, Indian subcontinent, local trauma, diabetes.

INTRODUCTION

Angina bullosa hemorrhagica is considered a rare condition diagnosed clinically as a self-resolving condition characterized by painful hemorrhagic blister of oral cavity commoner in middle aged adults caused by oily food, local trauma, dental treatment, steroids and diabetes. However, this condition is common in Indian subcontinent because of ingestion of oily food. In our case series of 3 cases, 2 cases were caused after ingestion of oily breakfast (Parantha) with pickles and one patient was diabetic.

Case 1:

35-year female presented in ENT emergency with a painful blister of four-hour duration left side of mouth after ingestion of parantha and pickles in the morning. Pain radiated to left ear. She had no history of dental trauma, no history of intake of systemic or inhaled steroids and no history of diabetes and systemic illness. There was no history of previous such episode.



On examination, there was a bluish swelling over left buccal mucosa 3X3 cm swelling, painful to touch, hard, non-fluctuant, non-compressible and non-reducible. She was clinically diagnosed as a case of angina bullosa hemorrhagica and treated with antacids and chlorhexidine gargles. The bulla ruptured one day later and healed completely within 7 days leaving no residual lesion.

Case 2:

45-year diabetic female presented in ENT OPD with hemorrhagic bulla over soft palate of 2 days duration which was painful and flaccid. She was a known case of diabetes for last 10 years and on anti-diabetic medication for last 10 years. She had no history of oily food ingestion 2 days back, no history of dental trauma, no history of steroid intake and no history of other systemic illness. There was no history of previous such episode



On examination, there was a bluish flaccid bulla over soft palate 4X3 cm in size, tender, flaccid, hard in consistency, non-fluctuant, non-compressible, non-reducible. It was diagnosed as angina bullosa hemorrhagica. Her random blood sugars were found to be 286 mg/dL. Medicine opinion taken and short acting insulin dose changed from 12-12-12 units to 14-14-14 units. Dose of Long acting insulin kept constant at 10 units at night. She was managed conservatively with antacids and chlorhexidine gargles. It healed completely in 15 days leaving behind no residual scar.

Case 3:

48-year male presented in ENT OPD with painful reddish swelling right side of mouth of last one-hour duration after ingestion of parantha with pickles. He had no history of dental trauma, no history of intake of systemic or inhaled steroids and no history of diabetes and systemic illness. There was no history of previous such episode



On Examination, there was 3X3 cm swelling which was hard, tender, erythematous, non-fluctuant, non-reducible, non-compressible. It was clinically diagnosed as angina bullosa hemorrhagica. He was managed conservatively with antacids and chlorhexidine gargles. It resolved completely in 6 days leaving behind no residual scar.

Conclusion: Angina bullosa hemorrhagica is a common condition in Indian subcontinent because of ingestion of oily and spicy food. It typically presents as painful swelling of acute origin. Other predisposing conditions may be diabetes, dental trauma, steroid use and systemic illnesses. It is managed conservatively. Biopsy is not indicated. It heals completely leaving behind no residual lesion within 1-2 weeks.

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