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MESENCHYMAL HAMARTOMA OF CHEEK, A RARE PRESENTATION IN HEAD AND NECK

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ABSTRACT

Case: An 23 year old female patient presented with painless swelling of left cheek since 3 months. **Examination:** There was ill-defined swelling of size 2x1cms in left cheek **Investigations:** Ultrasound examination showed an i hypoechoic lesion in the intramuscular compartment of left cheek and On color doppler there was minimal peripheral vascularity and flow signal suggesting capillary hemangioma **Treatment:** oral propronalol for three months was given but no significant response, So, Excision biopsy was done under G.A

KEYWORDS

INTRODUCTION

- Mesenchymal are non-neoplastic malformations or inborn errors of development of any of the three germinal layers.
- They may be seen anywhere in the body, often arises from skin or subcutaneous tissue, lung, liver, spleen, kidney & GIT.
- Hamartomas are classified into many types according to the predominance of the tissue type as angiomatous, lipomatous, neurogenic and chondroid.
- Various hamartomatous lesions have been discussed in head and neck region which includes middle ear, nasopharynx, larynx, tongue and eustachian tube. But the hamartomas involving cheek is rare.

Case Study

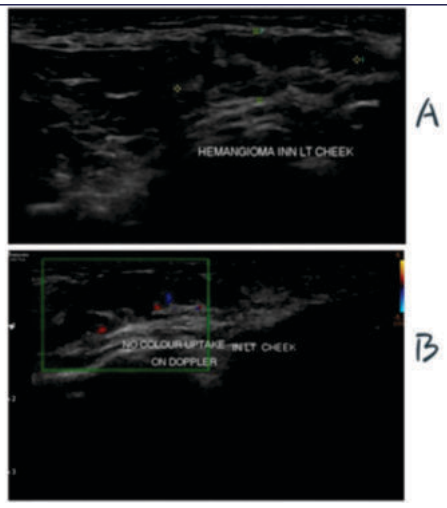
- A 23-year-old lady presented to ENT department with a painless swelling on left cheek for 3 months.
- There was no history of trauma or any other ENT complaints.

Examination

Facial examination showed a single, firm and ill-defined swelling of size 2x1cms in left cheek extending anteriorly 4cms from angle of lip, posteriorly 4 cms from auricle, inferiorly 2cms above the lower border of mandible and superiorly reaching zygoma

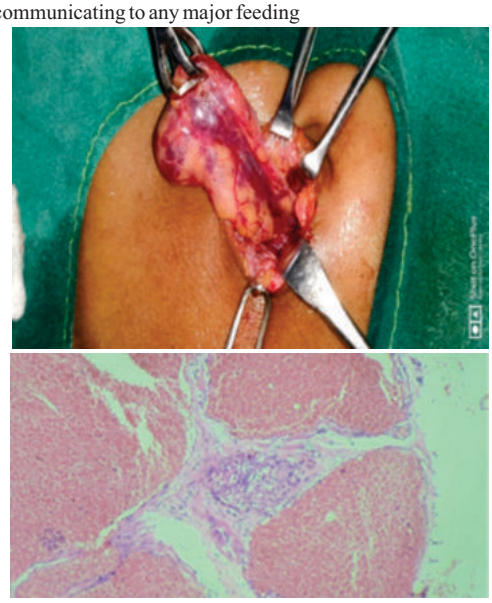
Investigations

- A. Ultrasound examination showed an ill-defined hypoechoic lesion measuring 2.1x0.8 cms in the intramuscular compartment of left cheek with few cystic areas.
- B. On color doppler there was minimal peripheral vascularity and flow signal suggesting capillary hemangioma

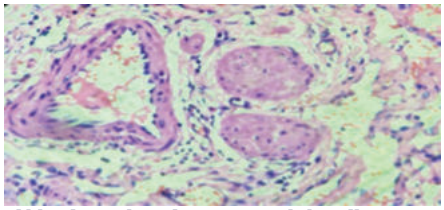


Management

- oral propronalol for three months was given but no significant response.
- So, Excision biopsy was done under G.A
- Intraoperatively, we found a lobulated tumor mass with fat and vascular tissue extending below the zygoma and not communicating to any major feeding



Lobules of capillary sized blood vessels with large cavernous space



Congested blood vessels and smoot muscle bundles suggesting it as mesenchymal hamartoma Lobules of capillary sized blood vessels with large cavernous space

Diagnosis

Mesenchymal hamartoma of cheek masquerading as hemangioma

Immediate Follow Up

- Post-operative period was uneventful, and she was in regular follow up with no recurrence

CONCLUSIONS

- Hamartoma should be kept in mind as one of the differential diagnosis for unilateral painless progressive vascular cheek swelling which doesn't respond to propranolol.
- Hemangioma should be ruled out before arriving at the diagnosis of hamartoma, which is a rarity.
- Complete surgical excision is the only definite treatment available for hamartoma.

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