



## ANGINA BULLOSA HEMORRHAGICA – AN UNDERREPORTED ENTITY

## Dermatology

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## KEYWORDS

## INTRODUCTION:

Angina bullosa haemorrhagica is the term used to describe benign subepithelial oral mucosal blisters filled with blood that are not attributable to a systemic disorder or haemostatic defect. It is a very rare condition. Elderly patients are usually affected and lesions heal spontaneously without scarring. The pathogenesis is unknown, although it may be a multifactorial phenomenon. Trauma seems to be the major provoking factor and long-term use of steroid inhalers has also been implicated in the disease.[1]

## Case Report:

A 52-year-old man presented to the dermatology outpatient department with a history of recurrent blood-filled blistering lesion on the lateral margin of the tongue associated with a tingling sensation. This manifestation has presented twice in the last six months. The blister ruptured in a few days forming ulcer, which healed without scarring. Oral cavity examination revealed a haemorrhagic bulla on the lateral margin of the tongue on the right side (Figure 1). A complete blood work up was done, including coagulation profile, which was non-significant. Trauma by sharp cusp of adjacent tooth and metal crown were identified as aetiological factors in this case. Lesions healed after removal of the metal crown and rounding of the cusp. Therefore, recognition of the lesion is of great importance to dentists, to avoid misdiagnosis.

## DISCUSSION:

ABH is more common than previously suggested, and during the past decade, several studies have been published. In 1933, Balina of Argentina had already described the same lesions under the term traumatic oral haemophlyctenosis. He also postulated a trauma-induced origin, especially in patients with senile capillary changes. In 1969, 14 patients were presented, and in 1976, the clinical and histological features were detailed and documented.<sup>2</sup> This entity was then named recurrent oral hemophlyctenosis (ROH). As Kirtschig and Happel pointed out, the term ABH is misleading because most bullae arise in the oral cavity and are not consistent with lesions usually called 'angina'; they proposed a more appropriate name for the disease: stomatopompholyx haemorrhagica. The authors believe that Balina was the first to describe this condition and suggested the use of the name ROH. In 1967, Badham coined the terminology angina bullosa hemorrhagica (ABH) which was later renamed as recurrent oral hemophlyctenosis [2]. Ordoini *et al.*, proposed a diagnostic criteria for ABH [3]

- I: Hemorrhagic bulla or erosion with a history of bleeding
- II: Exclusively oral or oropharyngeal localization
- III: Palate localization
- IV: Triggering event
- V: Recurrent lesions
- VI: Heals without a scar
- VII: Painless lesion, tingling or burning sensation
- VIII: Normal platelet count and coagulation profile
- IX: Negative direct immunofluorescence

## CONCLUSION:

In this article, we report a new case of ABH, which is an underreported entity and we aim to throw light on the benign nature of the disease and distinguish it from other blood-containing bullae of the oral mucosa.



**Figure 1:** Clinical image showing a hemorrhagic bulla on the lateral margin of the tongue

## REFERENCES:

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