



ORIGINAL RESEARCH PAPER

Ophthalmology

A CASE OF ACQUIRED LOBULATED CAPILLARY HAEMANGIOMA - A RARE PRESENTATION

KEY WORDS: Capillary hemangioma, eyelid, hemangioma , surgical excision, lid mass

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ABSTRACT

A 56 year old woman developed a nodular mass in the upper eyelid. The lesion had grown fast for 8 months then mass excision was done 6 months ago , but the mass recurred at the same site few weeks later . Excisional biopsy was performed . Histopathological examination of excisional biopsy specimen pointed to proliferative vessels lined by increased endothelial cells without nuclear atypism. The nodular mass evaluated as a Capillary Hemangioma .

INTRODUCTION

Periocular capillary hemangiomas are common benign vascular tumours seen in children n but only five cases have been reported in adults so far. It occur in 1-2% of Infants . It may present as a cutaneous, subcutaneous, or deep lesion and usually presents at birth or is evident by 6–8 months of age. Most hemangiomas regress spontaneously by the age of 7 years⁵. Histologically, they are characterized by proliferating endothelial cells. They generally present within a few weeks after birth and undergo a rapid proliferating phase, followed by a period of relative quiescence, regressing after a few years into an involution phase^(1,2). The clinical course can be variable. Demographically, these cases occur commonly among females and have not been reported to vary by race, ethnicity, or geographic location^(3,4). Acceptable indications for intervention may include rapidly enlarging lesions, obstruction of the visual axis, significant induced astigmatism, and cosmetic concerns. While capillary hemangioma is usually a clinical diagnosis, orbital ultrasound imaging is helpful in subcutaneous and deep lesions to ascertain deeper extension. The current treatment modalities available are intralesional and systemic steroid, bleomycin, interferon-alpha, vincristine, cyclophosphamide, topical timolol maleate, oral propranolol, and surgical excision^(1,4). They generally locate to the superior orbit and lids. However, they are rare in middle aged individuals. Capillary hemangiomas are rare in adults and there have been very few case reports so far.⁶ There are case reports of capillary hemangioma in puberty and during pregnancy attributed to changes in hormonal levels. We present a case of capillary hemangioma 56-year-old female patient with no precedent trauma or hormonal therapy. They pose a diagnostic challenge when they present as acquired lesion in adults.

Case Report

A 56 year old female visited eye opd with complain of mass in left upper eyelid. The lesion first appeared 8 months earlier and had gradually increased in size. Mass was excised 6 months ago, but mass recurred at the same site few weeks later. The patient did not have any history of other cutaneous lesions or antecedent trauma to eyes, any foreign body exposure , any chemical or thermal injury, previous skin disease involving the face and eyelids . On Examination, the unaided visual acuity were 6/9 for each eye. Local examination of left upper eyelid showed a reddish colour cauliflower shaped , sessile and well demarcated, non tender mass of size 1 x 0.75 x 0.5 cubic cm, firm in consistency

(Fig. 1). There was no crusting, ulceration, bleeding over the mass. Rest of the anterior and posterior segment examination of left eye was normal. The rest of the ophthalmic and orbital examination was normal. We clinically diagnosed the lesion as sebaceous gland carcinoma and planned an excisional biopsy .

Lid mass excision with lateral canthotomy with modified tenzels flap reconstruction with biopsy was done.

Histopathological examination of the mass showed endothelial hyperplasia suggestive of capillary hemangioma. Confirmation of diagnosis was done by immunohisto chemistry.

The patient was assessed at post operative 1st week and 3rd week. The wound was healed and the sutures were removed . Postoperative cosmetic results was very good .

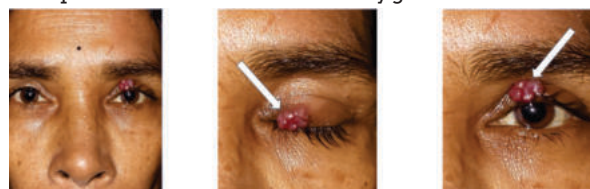


Figure 1: Preoperative image of patient with capillary hemangioma of left upper eyelid



Figure 2 : Image showing local examination of mass of left upper eyelid



Figure 3 : Intraoperative image of mass excision of left upper eyelid

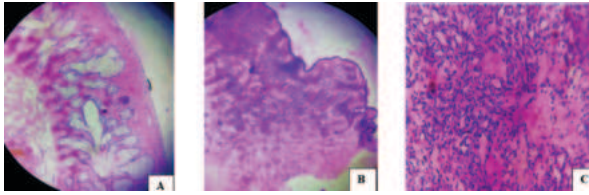


Figure 4: (A) (B) Histopathological image of x10 showing neoplasm composed of lobules of capillaries separated by fibro collagenous tissue. (C) Histopathological image of x 40 showing capillaries lined by endothelial cells, without nuclear atypia



Figure 5 : Immunohistochemistry images showing endothelial hyperplasia suggestive of capillary hemangioma



Figure 5: Post operative day 1 image of lid mass excision with modified tenzel lid repair



Figure 6: Post operative image after 2 weeks of lid mass excision with tenzel lid repair

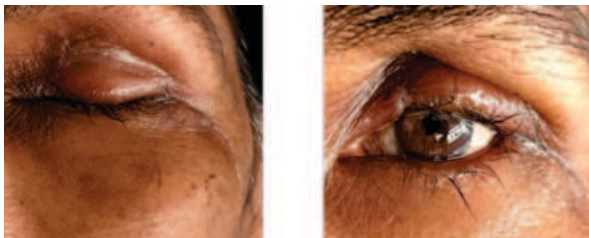


Figure 7 : Post operative image after 3 weeks of lid mass excision with tenzel lid repair

DISCUSSION

Most capillary hemangiomas manifest by 1–2 months of age and 100% of the lesions present by 6–8 months of age. Spontaneous involution is the rule of untreated capillary hemangiomas and progressive involution continues until 8 years of age. Eighty percentage of cases completely regress by 8 years of age Hemangioma presenting in middle age is rare. There have only been five cases of ocular acquired capillary hemangiomas reported in adults >30 years and all of them have been described in lids and lacrimal sac areas.⁸

Acquired capillary hemangioma of the eyelid and periocular region is a very rare condition.

Due to the rarity of occurrence, excision biopsy has been the treatment of choice in all cases to exclude another differential diagnosis such as pyogenic granuloma, angiosarcoma, and tufted angioma of eyelids. These cases emphasize that

capillary hemangiomas of eyelids can occur in adults and have to be considered a differential diagnosis in vascular lesions in adults.

Various treatment modalities have been described for capillary hemangiomas in children such as beta-blockers, radiotherapy, diathermy, oral steroids, and intralesional bleomycin or corticosteroid injections but the most effective treatment is surgical excision, especially in patients who fail to respond to alternative management.⁷

In adults due to the rare occurrence and lack of evidence of spontaneous regression, surgical excision is the treatment of choice.

CONCLUSION

Acquired capillary hemangiomas of the lid are rare in adults and excision biopsy is the mainstay of management which not only helps in establishing the diagnosis but also ensures the complete removal of lesion.

Declaration Of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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