RARE PRESENTATION OF CAPILLARY HEMANGIOMA: A CASE REPORT

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ABSTRACT

Hemangiomas are benign tumours caused by proliferation of blood vessels. They are classified based on vascularization system as capillary and cavernous hemangiomas. In this case report we discuss in brief regarding an unusual site of occurrence of hemangioma and management of the same.

Keywords: Hemangioma, Capillary hemangioma, Cavernous hemangioma, Excision.

I. INTRODUCTION

Hemangiomas are benign tumour on skin/ mucosa caused by the proliferation of blood vessels. The intraoral incidence of hemangiomas varies from 0.5–1.0%. Hemangioma are classified based on their vascularization system as: Capillary Hemangioma & Cavernous Hemangioma. Capillary hemangiomas consist of small capillary bodies that organize lobularly; Cavernous hemangiomas consist of broad and dilated vessels which can reach large sizes.

The common sites where the hemangiomas can be encountered intraorally are lips, tongue, anterior gingiva and buccal mucosa. The lesion usually consists of incomplete and abundant blood vessels with fast-growing and hyperplastic endothelial cells occurring more often in women, caucasian races and people with low birth weight. Hemangioma’s may present as a soft, smooth and lobulated mass, sessile or pedunculated, without pain. The size may range from a few millimetres to a few centimetres and the color may vary depending on the depth of the lesion from pink to red to violet. The origin of hemangiomas is a matter of great controversy. In this case report, we have discussed a case of capillary hemangioma and its management.

II. CASE REPORT

A female patient aged 55yrs was referred to the dental clinic with a growth on the gingiva in 36 region. The lesion was first noticed in that region followed by extraction of the tooth. The lesion was of the similar size since the time it was first noticed. The patient also gave a history of excision of the lesion 5years back and the healing was uneventful. No adverse complications was noted as per the history given by the patient. Following excision, the growth recurred, but the patient decided not to undergo the procedure again as the lesion was not interfering with her normal routine. The patient did not give any history of difficulty in talking, mastication or any other related history.

The case was discussed with an Oral Surgeon. After reviewing the case history and clinical examination, a decision was made to plan for excisional biopsy of the lesion. The patient consented for the proposed treatment plan. The normal routine blood investigation was carried out prior to the procedure. Based on the history as given by the patient and clinical presentation of the lesion a provisional diagnosis of capillary hemangioma was arrived at, after the discussion with the oral surgeon.
III. CLINICAL PROCEDURE

The surgical site was prepared with 2% Chlorhexidine rinse. 2% Lignocaine with 1:80000 was injected locally as infiltrations. The entire lesion was excised with a No.15 and No.12 Bard-Parker blade with adequate margins of healthy tissue. There was no history of continued bleeding during or after the excision of the lesion. The periosteal release was done to ensure tension-free closure. The surgical site was sutured with 3-0 silk suture material. The patient was advised on a soft diet for one week. The patient was put on a follow-up of 7days. (the follow-up pictures are provided).

The excised tissue was sent for histopathological examination. The biopsy report confirmed the diagnosis of capillary hemangioma. The healing was uneventful, and no recurrence of the lesion was noted on the 7th day, 15th day and one month follow up visits. The patient is put on a follow-up protocol of monthly visit to evaluate the excision site.

IV. DISCUSSION

Hemangioma, a benign tumour of vascular origin is considered as the most common benign tumour of the head and neck region. In the oral cavity, lips, tongue, buccal mucosa, and palate are the possible occurrence areas. The decision making regarding the treatment modality usually depends on location and type of hemangioma. The development of capillary hemangioma is slow. It usually appears as deep red or bluish-red lesion.

Even though hemangiomas of the oral cavity can be managed easily with surgical excision of the lesion, the treatment varies according to various factors like patient's age, size of the lesion, occurrence site and the clinical nature of the hemangioma. Radiographs are usually advised to rule out bony destruction. In this case, we had advised an OPG to determine the same.

The usual treatment modalities of hemangiomas include corticosteroid injections, intramuscular fibrosis agent infusion, interferon-alpha radiation, electrocoagulation, cryosurgery, laser embolization and surgery. Pharmacological therapy is indicated in cases of problematic and life-threatening hemangiomas. In cases of small superficial lesions, excisional biopsy was carried out. Haemorrhage can occur during the excision depending on the areas associated with significant morbidity. Since the lesion was small in size, an excisional biopsy was carried out. Surgical excision of hemangiomas can cause profuse bleeding, but in this particular case, bleeding was minimal. The reason for minimal bleeding might be due to the fact that the hemangioma might not be in an active proliferative stage.
The hemangiomas resemble the other lesions based on the radiographic and clinical examination. Hence a microscopic evaluation is mandatory to make a definitive diagnosis. The microscopic evaluation of the biopsy specimen was of capillary hemangioma.

The prognosis of treated cases is excellent with a little tendency of recurrence. The case has been put up on a follow-up protocol to check for the recurrence of any.

V. CONCLUSION

Prior to excision of any lesion, a thorough history, clinical and radiographic examination is to be done. An interdisciplinary approach to such cases is always beneficial. A microscopic examination should always be carried out in cases of biopsied lesions to arrive at a definitive diagnosis and also for the further treatment and follow up visits scheduled.

REFERENCES