

Hemangioma of the Tongue: Case Report

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Abstract

Tongue hemangioma is rarely seen in the oral cavity. It is benign vascular tumor that causes bleeding, difficulty in breathing, pain difficulty in speaking. Hemangiomas most commonly occur on skin 80% of these lesion are single, while 20% are bilateral lesion male/female ratio is 1/3 more half of lesion occurs on head and neck. There are various treatment modalities used in treatment of hemangiomas like surgery, corticosteroids, cryosurgery, radiofrequency and interferon. In this study reddish blue lobulated mass seen in the posterior lateral boarder of tongue clinically 30 year old female patient .In order to understand the depth of lesion performed various investigation like sonograph and MRI, blood count according to investigation surgical treatment performed and specimen sent to histopathological examination.

Relevant literature studies with the patient’s symptoms and treatment information was discussed and presented.

Keywords: Hemangioma, Interferon, cryosurgery, radiofrequency,

Introduction

Hemangioma (Greek: Haima-blood; angeion vessel, omatumor) by definition can be defined as “a benign tumor of dilated blood vessels¹.Hemangiomas are benign /tumor – like malformation composed of disorganized manner of endothelium- line vessels that are filled with blood and connected to the main blood – vascular system .it also know as port – wine stain ,strawberry hemangioma². types as capillary,cavernous, or mixed. Hemangiomas most commonly occur on skin, 80% of these lesions are single, while 20% are bilateral lesions. Male / female ratio is 1/3. More than half of the lesions

occur on head and neck. Hemangiomas are seen most commonly on cheeks, upper lip and upper eyelids on head and neck³. A cavernous hemangioma is formed by large thin-walled vessels or sinusoids lined with a single layer of endothelium. These lesions may appear as a dome-shaped bluish lesion, which is commonly located on the lips, tongue, buccal mucosa etc. According to the classification given by Mulliken and Glovacki in 1982, are divided the vascular deformities, into 2 groups: hemangiomas and the vascular malformations. The hemangiomas can also be classified depending on the vessel type involved or flow types such as the arterial and arteriovenous (high flow) type, capillary or venous (low flow) type⁴. There are various treatments of oral hemangiomas like Surgery, corticosteroids, sclerosing agents, radiation therapy, diathermy, electrocauterization, cryosurgery, embolization, laser, radiofrequency, and interferon are used in treatment of hemangiomas⁵.

Case Report

A 30-year-old female patient was admitted in our hospital, India with the chief complaints of swelling and red and blue-colored mass about 2.5x2 cm in size on the right lateral border of her tongue and she also complains of bleeding and pain from this mass. The mass appeared to be sessile with no underlying attachment or relation with the muscles. The border is well defined and there was no ulceration seen on the surface of the lesion. The female patient was hospitalized for excision purpose. In order to understand the depth of the lesion the most important two non-invasive imaging techniques that are most useful in the examination of vascular malformation are MRI and sonography was performed for the patient whose routine biochemical tests and complete blood count examinations were normal, as a result of MRI, it was understood that the lesion has not depend much on tongue and it was cauterized under general anesthesia in our hospital.



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5

Management

During the surgical procedure, a thread was tied around the base of the lesion, which was stretched in the upward direction and held the thread entire procedure to find the maximum working field. The mass was then excised out and interrupted suture place (fig-1 and 4)

During the excision procedure, a little bit of bleeding came out from the lesion, but a bloodless field was obtained (fig-2). The specimen was then sent for a histopathological examination. After surgery, pain and swelling on the tongue and difficulty in speech and swallowing has not occurred in the patient (fig-3). The patient was hospitalized in our hospital for one night and was discharged from hospital

next day after having been given oral antibiotics and anti-inflammatory.

The healing was uneven after a period of 1 week and complete healing was seen after one month. The histopathology report confirmed the diagnosis of hemangioma (fig-5).

Discussion

Vascular anomalies include a wide range of tumors and malformations. Among vascular anomalies, hemangioma is the most common. Hemangioma is considered a hamartomatous lesion, and half of these have predilection for the head and neck region, but rarely seen in the oral cavity⁶. Hemangioma is rarely seen in the tongue lesion. Hemangiomas are the most common benign tumors of the head and neck in children, but their occurrence on the tongue is extremely rare. Hemangiomas are seen in ten children around the age one. Generally, hemangioma is not seen at the time of birth; it is basically seen during the first month of life. 70-90% of them are seen in the first 1-4 weeks. 80% of these lesions are single, while 20% of them are multiple lesions. Hemangiomas appear as soft masses, smooth or lobulated, and sessile or pedunculated and may vary in size from few millimeters to several centimeters.

Hemangioma can be diagnosed easily by inspection. However, contrast MRI or sonograph may be required to understand the depth of the mass and to be informed about the vascularization of large hemangiomas⁷.

Historically, hemangiomas have been commonly classified in a variety of ways. According to Enzinger and Weiss, hemangiomas are broadly classified into capillary, cavernous, and miscellaneous forms like verrucous, venous, and arteriovenous hemangiomas. They are characterized by hyperplasia of blood vessels, usually veins and capillaries in a focal area of submucosal connective tissue. Hemangioma shows a higher prevalence in females (3:1 to 7:1 predilection) and the superficial type is

the most frequent one, unlike the present cases where the both the hemangiomas were seen in male and children⁸.

Now a day we have used the various treatment modalities in the cases of treated hemangiomas like, surgeries, corticosteroids, cryosurgery, sclerosing agent, laser, radiation therapy, diathermy, electrocoagulation, radiofrequency and interferon, embolization in the treatment of hemangiomas. In our case we used the surgical procedure because they minimized the risk of complication. Surgical innervations should not be aggressive and surrounding vital formation should be protected. But the clinical diagnosis was based on the histopathological evaluation which was confirmed to be hemangioma⁹.

Conclusion

The occurrence of hemangioma is rarely seen in tongue. In this case of hemangioma in the posterior third of tongue in a 31-year-old female which appeared localized well defined, reddish pink and blue mass with well-defined margins. Further evaluation was done on contrast enhanced sonograph and MRI and done the surgery and sent it to histopath lab which confirms its vascular nature and diagnosed as a case of hemangioma.

References

1. Krishna Kripal, Senthil Rajan, Beena Ropak, and Ipsita Jayanti. Cavernous hemangioma of the tongue. Hindawi Publishing Corporation Case Reports in Dentistry Volume 2013, Article ID 898692, 3 pages.
2. Piyush Shivhare. A text book of oral medicine and radiology.
3. Nazim Bozan*, Mehmet Hafit Gür**, Ahmet Faruk Kıroğlu*, Hakan Çankaya*, Mehmet Fatih Garça*. Tongue Hemangioma: A Case Report. Van Tıp Dergisi, Cilt:21, Sayı:2, Nisan/2014.

4. M. S. Greenberg, M. Glick, and J. A. Ship, Burkett's Oral Medicine, B. C. Decker, 11th edition, 2008.
5. A. Werner, A. D. Folz, and R. Rochels, "Current concepts in the classification, diagnosis and treatment of hemangiomas and vascular malformations of the head and neck," European Archives of Otorhinolaryngology, vol. 258, pp. 141–149, 2001.
6. Phung TL, Hochman M, Mihm MC. Current knowledge of the pathogenesis of infantile hemangiomas. Arch Facial Plast Surg 2005; 7(5):319-321.
7. Cappabianca S, Del Vecchio W, Giudice A, Colella G. Vascular malformations of the tongue: MRI findings on three cases. Dentomaxillofac Radiol 2006; 35(3):205-208.
8. Bonet-Coloma C, Mínguez-Martínez I, Palma-Carrió C, Galán-Gil S, Peñarrocha-Diago M, Mínguez-Sanz JM. Clinical characteristics, treatment and outcome of 28 oral haemangiomas in pediatric patients. Med Oral Patol OraCir Bucal 2011;16:e19-22.
9. W. G. Shafer, M. K. Hine, and B. M. Levy, A Textbook of Oral Pathology, W. B. Saunders, Philadelphia, Pa, USA, 6th edition, 1983.