

CAPILLARY HEMANGIOMA OF THE LOWER LIP- A RARE CASE REPORT IN MALE**Dr. Smitha K.*¹ and Dr. Laxmikanth Chatra²**

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ABSTRACT

Hemangioma is one of the most common benign tumor of vascular origin affecting 10–12% of infancy. Approximately 50% of hemangiomas resolve by the age of 5 years and 90% resolve by 9 years of age. Rarely hemangiomas may persist, warranting systemic or surgical treatment. Treatment depends on size, location, and evolution stage of the lesion. In this study, we present a rare case of capillary hemangioma involving lower lip in a 34-year-old male which was recognized and treated in our institution.

KEYWORDS: Capillary hemangioma, Lip, Vascular malformation.

INTRODUCTION

Hemangiomas are benign vascular tumors commonly occurring in infancy and childhood; few may be present from birth or even develop in adults. Hemangiomas are more common in females than in males. Sixty percent of the lesions occur in head and neck region with lip, tongue, and palate are the most common site.^[1,2] Hemangioma is a term that encompasses vascular lesions that have similar histological features. Based on the histological appearance two main forms of hemangioma recognized: capillary and cavernous. Capillary hemangiomas are composed of many small capillaries lined with a single layer of endothelial cells supported in connective tissue stroma of varying density.^[2]

Clinically, hemangiomas present itself as soft, smooth, or lobulated mass either sessile or pedunculated in structure showing size variations from few millimeters to several centimeters.^[3] More often, they are painless. They can bleed instantly even after minor injury or trauma. Small and superficial lesions are treated successfully by complete excision. Successful management of hemangiomas depends on various factors such as the age of the patient, size, and extent of the lesion.

CASE REPORT

A 34-year-old male patient reported to our institution with a chief complaint of swelling of the lower lip. The growth was initially started off as a small pinkish growth which bleeds on provocation, which gradually increased to the present size of 1.5x2cm. The growth was blackish in colour because patient subsequently used to apply

tobacco powder with slaked lime and gradually acquired a sand paper-like warty texture (figure 1 and 2). The general health of the patient was normal and medical history revealed no significant health problems. Based on the clinical appearance of the lesion a provisional diagnosis of irritational fibroma was made. The differential diagnosis included cutaneous form, keratoacanthoma. Complete excision of the lesion was carried out.



Figure 1: Clinical photograph showing growth over the lower lip.



Figure 2: Biopsy specimen of the lesion.

HISTOPATHOLOGICAL FINDINGS

The hematoxylin and eosin stained histopathological section of the given specimen revealed keratinized stratified squamous epithelium of varying thickness. The connective tissue stroma revealed small numerous capillaries of varying size lined by a single layer of endothelial cells supported by a stroma of varying density. Few capillaries showed extravasated red blood cells and numerous mixed inflammatory components are also evident in the connective tissue (figure 3 and 4). The histopathology conclusively made us arrive at a diagnosis of capillary hemangioma of the lower lip.

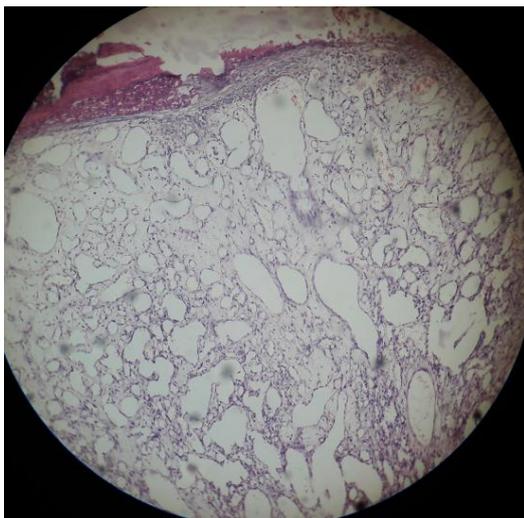


Figure 3: Low power view under light microscope showing large dilated capillaries with thin walls lined by endothelium (H and E stain, ×10).

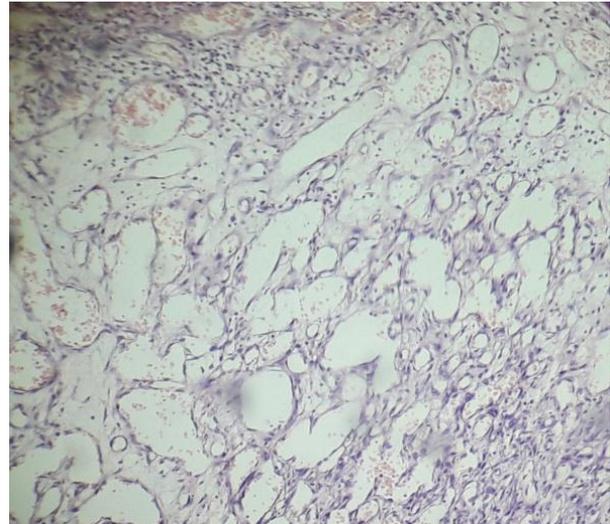


Figure 4: High power view under light microscope showing dilated capillaries engorged with red blood cells (H and E stain, ×40).

DISCUSSION

The hemangioma is a benign proliferation of endothelial cells common in the head and neck. These lesions are three to five times more common in females.^[4] Hemangiomas are described as vasoformative tumors. Most often, they are congenital or can develop during the neonatal period. Hemangiomas can occur at an early age with female:male ratio existing as 3:1. In the present case age, sex of the patient was not matching with the literature. The hemangiomas and vascular malformations are two distinct groups of vascular lesions, which are often confused with each other, and unfortunately terms have been used interchangeably. Vascular lesions are classified based on anatomical, structural features and biological behavior.^[5] They divided the lesions majorly into hemangiomas and other vascular malformations. The term hemangioma encompasses heterogeneous group of vascular lesions characterized by altered endothelial cell growth and proliferation. In contrast, vascular malformations are structural anomalies of blood vessels without endothelial cell proliferation.^[5,6]

Hemangiomas may mimic other lesions clinically, radiographically and histopathologically. The differential diagnosis of hemangiomas includes pyogenic granuloma, chronic inflammatory gingival hyperplasia (epulis), epulis granulomatosa, varicocell, talenectasia, and even with squamous cell carcinoma.^[3]

Precise and accurate diagnosis of hemangiomas is vital as they may change the treatment modalities. Histopathologically, capillary hemangiomas depicts presence of numerous tiny capillaries lined by endothelial cells in the connective tissue stroma with faster growth following the involution.^[7] Nowadays, angiography is the diagnostic tool used for depicting the presence of vascular lesions such as hemangiomas and delineating its boundaries. Treatment modalities for

hemangiomas include surgical intervention in the majority of cases, but other options can be steroid therapy, cryosurgery, electrosurgery, curettage, and embolization, laser therapy.^[8] Surgical management of hemangiomas should be performed with caution because the tissues may bleed profusely intraoperatively and postoperatively.

In the present case lesion was large, persisting causing physical disfigurement and functional disturbances so surgical excision was the treatment of choice. In present case, the size and location of the lesion, and systemic condition of the patient allowed to perform the surgical procedure with favorable prognosis. Postoperative period was uneventful and shows satisfactory healing of the operated area.

CONCLUSION

Capillary hemangioma even though it is asymptomatic, its site and size may require immediate careful intervention. It often presents as a diagnostic dilemma to the clinician. This necessitates biopsy of such lesions for establishing a definite diagnosis and proper management and prevention of various complications. Most importantly, the surgical excision of capillary haemangioma should be performed with caution taking into consideration the intra-operative and postoperative bleeding. In conclusion, surgical excision is a treatment option to be considered as it also provides good esthetic and functional outcomes.

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