Haemangioma of Soft Palate: A Case Report

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Abstract

Background

Haemangioma are the benign tumors of blood vessels, which are mostly present in childhood. We classify them as capillary, cavernous, and sclerosing types. These vascular tumors can affect the head and neck region and can also appear in different parts of the oral cavity and oropharynx.

Case Presentation

We report a rare case of soft palate haemangioma growing towards the oropharynx removed successfully with electrocautery.

Conclusions

Hemangiomas within the oral cavity necessitate meticulous medical and surgical management, irrespective of their benign origin and behavior.

Keywords: *Capillary Hemangioma, Case report, Electrocautery, Oral Cavity.*

Introduction

Hemangiomas are benign tumors of blood vessel origin and are classified as capillary, cavernous, or central.[1] These are relatively common benign proliferations of vascular channels that may be present at birth or arise during early childhood.[2] The majority of haemangioma involve the head and neck. However, involvement of oral cavity oral cavity is a rare entity.[3-6] In general, haemangiomas are developmental and are often recognised at an early stage.[7] They are considered to be the most common tumor of childhood, occurring in about 5–10% of children under one year of age exhibiting a rapid growth phase with endothelial proliferation, followed by gradual involution.[8]

Case Report

A 39-year-old female presented to the Ear Nose Throat out-patient department (ENT OPD) of Dhulikhel Hospital (DH) with complaints of mass in the posterolateral aspect of the right soft palate for one year. She added a history of nasal blockage and on and off type of bleeding from the growth. There was no history of pain or discharge from the growth.

On examination of the oral cavity, there was the presence of a mass measuring approximately 2x2 cm in the posterolateral aspect of the right soft palate extending towards the oropharynx. The mass was soft in consistency, non tender and compressible.

Based on the clinical evaluation, a diagnosis of palatal

haemangioma was made and surgical excision of the lesion was planned under general anesthesia. Intraoperatively, surgical excision couldn't be done due to the difficult location. Thus, the growth was removed using electrocautery. On one month followup, the lesion had completely shrunk with resolution of nasal blockage and bleeding.

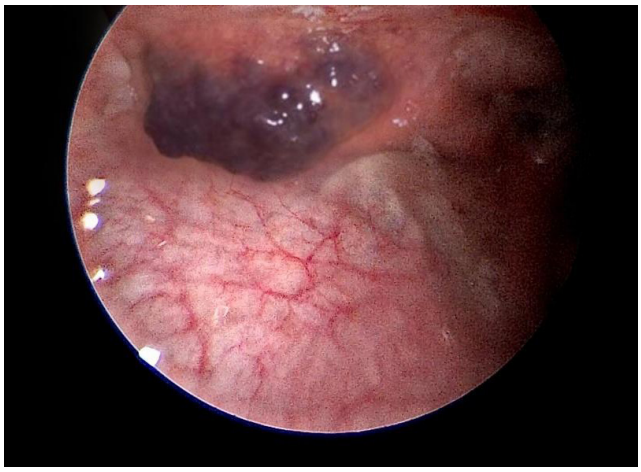

Figure 1. *Hemangioma present over posterolateral aspect of right soft palate.*

Discussion

Haemangioma are the most common benign vasoformative tumors of infancy and childhood.[9-11] These are benign tumors of the blood vessels and are classified according to their histopathological appearance as capillary, mixed cavernous, or sclerosing, a variety that tends to undergo fibrosis.[7] Capillary haemangiomas can be sessile or pedunculated, soft, smooth or irregular, and bulbous in outline, and are painless unless traumatized. These haemangioma are composed of many small capillaries lines by a single layer of endothelial cells supported in a connective tissue stroma of varying density, while cavernous haemangioma is formed by large, thin walled vessels, or sinusoids lined by epithelial cells separated by thin layer of connective tissue septa.[9]

The hemangiomas affect different areas of soft tissue of the body including oral mucosa and other head and neck areas, viscera and lumbosacral regions.[10] Haemangiomas of the oral cavity may exist as small or large superficial growths with varying degrees of penetration into soft tissues or as monstrous growths extending to the esophagus. They may also be multicentric with a cobblestone appearance.[11] Those on the palatal mucosa are solely of the capillary type. [7]

Management of haemangioma depends on a variety of features and most haemangioma do not require any intervention.[12] Some of the haemangioma require intervention depending on the size, location, stages of growth and behavior. Haemangioma can be treated by surgical excision, intralesional injection of sclerosing agents, laser etc.[12] In our case, the haemangioma was cauterized electrically as its location was difficult to assess for its surgical excision.

Conclusion

Hemangiomas, prevalent in infancy, exhibit diverse histopathological features. Oral cavity involvement varies, necessitating individualized management. Surgical excision, sclerosing agents, or electric cauterization are employed based on specific characteristics.

Consent

Written informed consent was obtained ensuring patient's anonymity.

Declaration of competing interest

There are no conflicts of interest.

References

1. Singh P et al, Capillary haemangioma on the palate: a diagnostic conundrum. BMJ Case Rep 2016
2. Sapp JP, Eversole LR, Wysocki W. Contemporary oral and maxillofacial pathology. 2nd edition. Mosby, 2004:319–22.
3. F. M. Enzinger and S.W Weiss, Soft Tissue Tumors, Mosby, St. Louis, Mo, USA, 5th edition, 2001.
4. F. Gombos, A. Lanza, and F. Gombos, "A case of multiple oral vascular tumors: the diagnostic challenge on haemangioma still remain open," Judicial Studies Institute Journal, vol. 2, no. 1, 67–75, 2008.
5. W. G. Shafer, M. K. Hene, and B. K. Levy, A Textbook of Oral Pathology, WB Saunders, Philadelphia, Pa, USA, 1983.
6. A. Dilsiz, T. Aydin, and N. Gursan, "Capillary hemangioma as a rare benign tumor of the oral cavity: a case report," Cases Journal, vol. 9, no. 2, article 8622, 2009.
7. Acikgoz A, Sakallioglu U, Ozdamar S, et al. Rare benign tumours of oral cavity— capillary hemangioma of palatal mucosa: a case report. Int J Paediatr Dent 2000;10: 161–5.
8. Neville BW, Damm DD, Allen CM, et al. Oral and maxillofacial pathology. 3rd edn. St Louis: Saunders, 2008
9. B. W. Neville, D. D. Damm, C. M. Allen, and Bouqot Jr., Oral & Maxillofacial Pathology, WB Saunders, Philadelphia, Pa, USA, 2nd edition, 2002.
10. Alsuwailem A, Myer CM 4th, Chaudry G. Vascular anomalies of the head and neck. Semin Pediatr Surg. 2020 Oct;29(5):150968. doi: 10.1016/j.sempedsurg.2020.150968. Epub 2020 Sep 16. PMID: 33069291.
11. N. Tanaka, A. Murata, A. Yamaguchi, and G. Kohama, "Clinical features and management of oral and maxillofacial tumors in children," Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics, vol. 88, no. 1, pp. 11–15, 1999.
12. Surgical management of oropharynx hemangioma: A comprehensive review literature. Advances in Oral and Maxillofacial Surgery 2021;4:100183.