RESEARCH
www.commprac.com
ISSN 1462 2815

RECURRENT UVULAR HEMANGIOMA- A RARE CASE REPORT

Dr. Shravanthi Mantra [1], Dr. Shankar Ganesh S [2] and Dr. Subagar AS [3]

[1]Final Year Postgraduate, Department of ENT, Saveetha Medical College and Hospital, Saveetha Institute of Medical and Technical Sciences (SIMATS), Chennai, India.
[2]Senior Resident, Department of ENT, Saveetha Medical College and Hospital, Saveetha Institute of Medical and Technical Sciences (SIMATS), Chennai, India.
[3]Assistant Professor, Department of ENT, Saveetha Medical College and Hospital, Saveetha Institute of Medical and Technical Sciences (SIMATS), Chennai, India.

DOI: 10.5281/zenodo.10570562

Abstract

Introduction: Hemangiomas, comprising a spectrum of vascular anomalies, are benign proliferations of blood vessels that may manifest at various sites throughout the body. Though commonly seen in the head and neck region, Hemangioma in the uvula is a rare entity. This case report underscores the importance of considering uvular hemangioma in the differential diagnosis of uvular lesions. **Case Report:** A 33-year-old patient previously diagnosed with Uvular hemangioma, and treated with Sclerotherapy presented with recurrence. The patient reported chief complaints of difficulty in swallowing and foreign body sensation in the throat for the past 1 year. CE-MRI Face was done and showed features suggestive of Capillary Hemangioma. An excision of the lesion was done and sent for HPE which showed features suggestive of Capillary Hemangioma. **Conclusion**: While uvular hemangioma is a rare occurrence, it is important to consider it in the differential diagnosis when a patient presents with an elongated or swollen uvula or any uvular mass.

INTRODUCTION

Hemangiomas, comprising a spectrum of vascular anomalies, are benign proliferations of blood vessels that may manifest at various sites throughout the body. They are the most common benign vascular tumour that can be congenital or acquired lesions. Hemangiomas are classified into Capillary Hemangioma, Cavernous hemangioma, and Mixed subtypes) [2]

Hemangiomas are commonly observed during infancy and childhood, constituting 7% of all benign tumors. The prevalence of oral cavity hemangiomas is 8 per 1000 in males and 4 per 1000 in females. Most of these hemangiomas are present from birth and tend to increase in size as the individual grows. Notably, 90 - 95% of patients experience complete resolution of hemangiomas by the age of 9. Also, Oral hemangiomas exhibit less regression compared to those occurring in other regions of the body. [3]

The majority of these lesions primarily occur on the head and neck and are generally superficial. They commonly manifest in regions prone to trauma such as lips, lateral border of tongue, and buccal mucosa. [5] Hemangioma involving the uvula is a rare occurrence.

Due to its anatomical location, though the tumour is considered benign, it may pose a threat due to its risk of bleeding, sleep apnoea, and dysphagia and hence could require immediate intervention. This case report underscores the importance of considering uvular hemangioma in the differential diagnosis of uvular lesions.

ISSN 1462 2815

CASE REPORT

A 33-year-old male reported with chief complaints of difficulty in swallowing and foreign body sensation in the throat for the past 1 year. H/O recurrent dry cough + No h/o trauma/previous intubation. No h/o difficulty in breathing/voice change/snoring. The patient was diagnosed with uvular hemangioma 2 years back for which he was treated with sclerotherapy at regular intervals. Bleomycin was used. Now, the patient again developed the same symptoms and presented here.

On examination, a 2*3 cm pinkish lesion is seen arising from the uvula which is sensitive to touch, doesn't bleed on touch, surface appears smooth. (As shown in Figure 1)

CE- MRI Face showed a well-defined heterogeneously enhancing multilobulated T1 iso-hypointense, T2/STIR hyperintense lesion originating from uvula extending into oropharynx. (As shown in Figure 2). An excision of the lesion was done and sent for HPE.

Gross sectioning: a smooth, lobulated polypoid red mass measuring 2.5cm in diameter. Cut surface was homogeneous and translucent with multiple red spots probably hemorrhagic areas.

Microscopy showed a lesion composed of small, dilated proliferating capillaries lined by endothelial cells with evidence of endothelial cell hyperplasia. Stroma showed sparse mixed inflammatory infiltrate composed of plasma cells and lymphocytes, features suggestive of capillary hemangioma. (As shown in Figure 3)

On 6 months follow up, the patient is asymptomatic at present, and has been relieved of his symptoms.

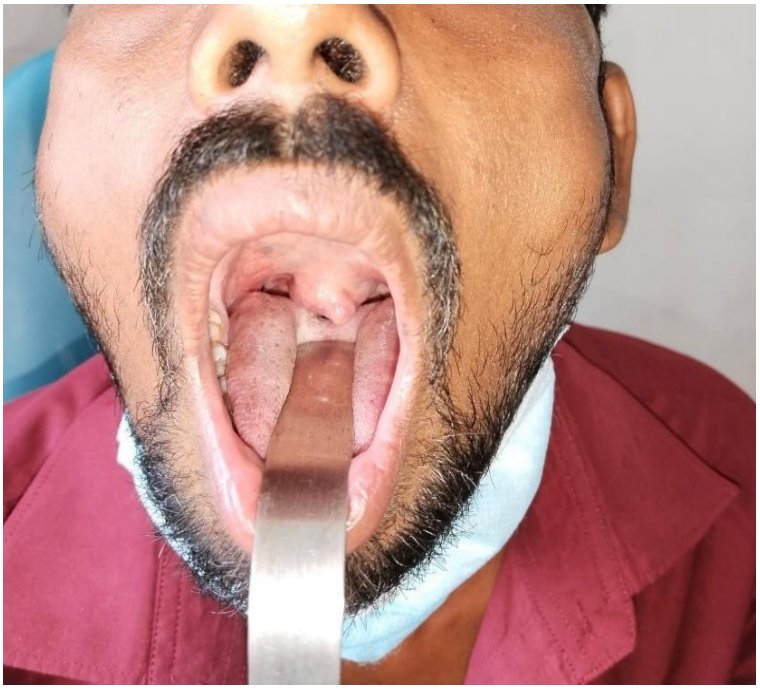

Figure 1

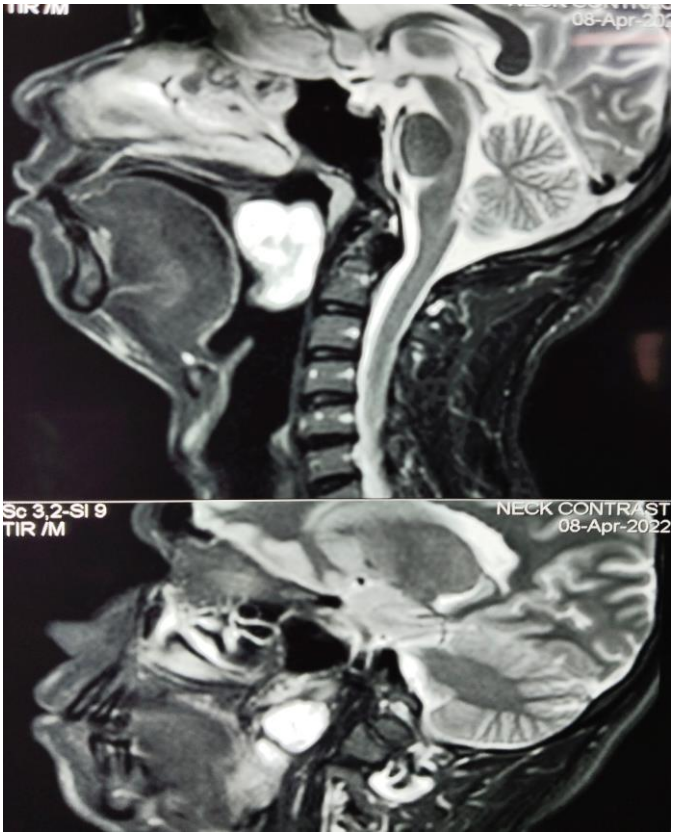

Figure 2

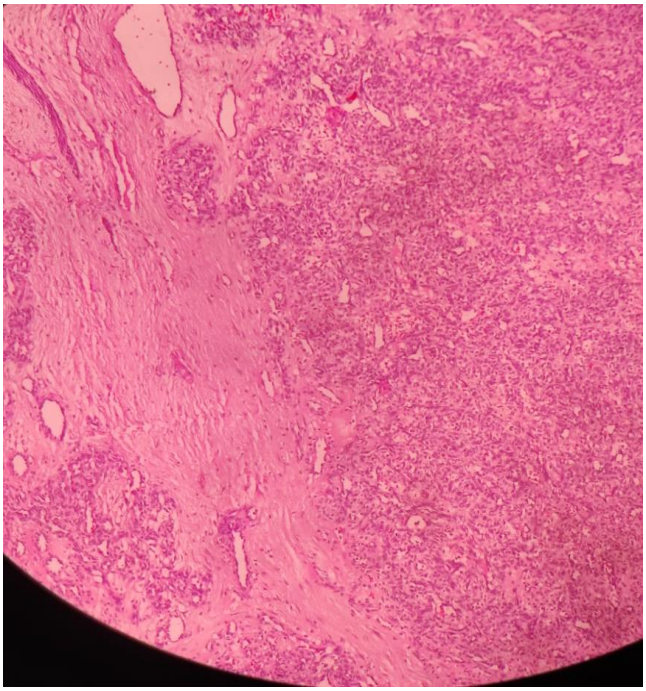

Figure 3

DISCUSSION

Hemangiomas are the most common benign vascular tumours, commonly seen in children, with a preference for head and neck. Hemangiomas of oral cavity are rare, usually involving the lips, lateral border of tongue, and buccal mucosa. [1] Capillary and cavernous hemangiomas commonly found in adults exhibit a higher prevalence in women and often exhibit size variations during pregnancy and menarche. This observation implies that the endothelial cells within these tumors might be influenced by circulating hormones. [4]

Capillary hemangiomas are frequently found in the skin, subcutaneous tissue, and mucous membranes of the oral cavity and lips. Histologically, these lesions are characterized by lobulated aggregates of closely packed, thin-walled capillaries, which are lined by flattened epithelium. [3]

The differential diagnosis for hemangiomas are pyogenic granuloma, epulis granulomatosa, varicocele, telangiectasia, and rarely squamous cell carcinoma. [6] Hemangiomas are rarely seen in uvula. The position of uvula, makes it more prone for trauma. Trauma is the most common cause for hemangiomas involving the uvula.

Uvula, histologically comprises of three layers, mucosal layer, submucosal layer and musculus uvula. Though asymptomatic at initial stages, elongated uvula could cause cough, foreign body sensation, difficulty in swallowing, and more prone for hemorrhage. [3]

The management of capillary hemangiomas varies based on both clinical features and anatomical considerations. Typically, surgical excision stands as the preferred treatment for capillary hemangiomas. In cases where surgery is not feasible, alternative therapeutic approaches such as sclerotherapy, radiotherapy, electrocoagulation, cryosurgery, laser therapy, and embolization may be employed. [6]

Sclerotherapy holds several advantages over other modalities for treating hemangiomas. It being simple and safe to administer, cost-effective, and easily accessible, primarily because it does not necessitate specialized equipment and eliminates the need for hospitalization. On the downside, the disadvantages of sclerotherapy include postoperative pain and a burning sensation, the potential for anaphylactic reactions, tissue necrosis, and the risk of airway compromise. [7] Commonly used sclerosing agents include sodium tetradecyl sulfate, sodium morrhuate, sodium pyslliate, and polidocanol.

Laser therapy which can be used for thin, superficial lesions and ulcerated hemangiomas, cause postoperative pain and residual scarring and hence are not the first line of management in cases of Hemangioma in the oral cavity. Nd:YAG laser, KTP laser and CO2 laser are used for treating the deep component of hemangiomas. [7]

Though surgical excision comes with complications of post-operative bleeding and rarely airway compromise, complete surgical excision of the lesion offers the best chance for cure. [8] In this case report we can see a recurrence of the lesion post-sclerotherapy, hence complete surgical excision of the lesion was done.

CONCLUSION

Though benign, uvular hemangioma poses a threat for hemorrhage due to local trauma, dysphagia, choking sensation, cough, foreign body sensation, aspiration and airway threat hence immediate intervention is necessary. While uvular hemangioma is a rare occurrence, it is important to consider it in the differential diagnosis when a patient presents with an elongated or swollen uvula or any uvular mass.

Reference

1) Sobrinho FPG, Felix MA, do Valle AC, Lessa HA. Hemangioma of uvula: one case report. Rev Bras Otorrinolaringol 2003; 49(4): 571-4.

2) Minhua, W., Samuel, C., Wilfrido, D.M. & Frank Chen. (2015). Cavernous Hemangioma of the Uvula: Report a Rare Case with Literature Review, The North American Journal of Medicine and Science. 8(1), 1-3

3) Thomas R, Ramalingama SBJ, Samuela J, Kumara KD. Cavernous hemangioma of the uvula – A Case Report. Sri Ramachandra Journal of Medicine. 2009;1:36-37.

4) Rane S, Parkhi MV, Agrawal G, Ghodke A. Cavernous hemangioma of uvula: A rare site. Indian J Pathol Microbiol. 2019 Oct-Dec;62(4):631-632. doi: 10.4103/IJPM.IJPM_435_18. PMID: 31611460.

5) Woods WR, Tulumello TN. Management of oral hemangioma. Review of the literature and report of a case. Oral Surg Oral Med Oral Pathol. 1977;44:39-44.

6) Dilsiz, A., Aydin, T. & Gursan, N. Capillary hemangioma as a rare benign tumor of the oral cavity: a case report. *Cases Journal* 2, 8622 (2009). https://doi.org/10.4076/1757-1626-2-8622

7) Ademi Abdyli R, Abdyli Y, Perjuci F, Gashi A, Agani Z, Ahmedi J. Sclerotherapy of Intraoral Superficial Hemangioma. Case Rep Dent. 2016; 2016:4320102. doi: 10.1155/2016/4320102. Epub 2016 Nov 23. PMID: 27994889; PMCID: PMC5141317.

8) Beghdad DM, Choukry DK, Mkhatri DA, El Krimi DZ, Oukessou PY, Rouadi PS, Abada PR, Roubal PM, Mahtar PM. A cavernous hemangioma of the tongue base presenting as an ectopic thyroid: A case report. Ann Med Surg (Lond). 2020 Oct 23; 60:115-120. doi: 10.1016/j.amsu.2020.10.053. PMID: 33145019; PMCID: PMC7593267.

9) Mariano FV, Vargas PA, Della Coletta R, Lopes MA. Sclerotherapy followed by surgery for the treatment of oral hemangioma: a report of two cases. Gen Dent. 2011 May-Jun; 59(3):e121-5. PMID: 21903533.