



EDİTÖRE MEKTUP/LETTER TO THE EDITOR

A simple and efficient method to manage oral vascular lesions through single intralesional injection of polidocanol

Tek doz intralezyonal polidocanol enjeksiyonu şeklinde basit ve etkili bir yöntem ile oral vasküler lezyonların yönetimi

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Dear Editor,

Vascular lesions can be broadly classified into hemangiomas and vascular malformations. Hemangioma grows by endothelial proliferation whereas vascular malformation results from abnormal vascular or lymphatic morphogenesis¹. In oral cavity, common sites of occurrences are lips, buccal mucosa and palate². They are usually treated by sclerosing agents such as ethanol, sodium morrhuate, sodium tetradecyl sulphate (STS), and bleomycin³. Vascular lesions can also be treated by surgery, cryotherapy, systemic corticosteroids, embolization, radiation, laser and interferon- α .⁴ Multiple injections are usually needed to manage these lesions in a non-invasive way. Here we preliminarily report a case in which a vascular lesion was managed by using a single injection of polidocanol.

A 17-year-old female patient reported to the private dental clinic with the complaint of soft growth on the anterior aspect of left buccal mucosa since 6 years (Fig. 1A). Patient gives history of swelling which she observed first 6 years back at the time of puberty. Since last 6 years there have been no change in the size, no pain or discomfort associated with the lesion. No history of bleeding, trauma or pus discharge. There was no evidence of extra oral swelling. Intra oral examination revealed a solitary swelling measuring 4×3 cm, dome shape with

lobular surface, well defined margins, and reddish blue in colour, present on left buccal mucosa. On palpation, swelling was soft in consistency, fluctuant and non tender. No bleeding was elicited. Auscultation exhibited no evidence of pulsation and bruit thereby ruling out arterial involvement. Diascopy was performed by using thin transparent glass slide to depress the vascular lesion and for assessing blanching. The lesion blanched on application of pressure (Fig. 1B).

Correlating the history, clinical findings and chair side investigation, the swelling was provisionally diagnosed as haemangioma. Ultrasonographic colour doppler of buccal mucosa was advised. It showed a small hypoechoic lesion 1.1×0.8cm with no increase in vascularity suggestive of haemangioma. Adjacent soft tissue appeared normal (Fig.1C). The treatment protocol for the management included administration of single injection of 2ml of 3% polidocanol (Asklerol) intralesionally (Fig. 1D and Fig. 1E). Periodic follow up after single intralesional injection of asklerol was done at weekly intervals for a period of one month. The lesion showed progressive regression every week after a single injection. At the end of 1 month the lesion almost completely regressed (Fig. 1F).

Polidocanol has anti-angiogenic effect⁵. It has additional anesthetic effect with low risk of allergic reactions⁶. Though polidocanol is the most

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commonly used sclerosant in sclerotherapy in dermal vascular lesions, literature reporting on its effect on oral vascular lesions on single injection are scarce.

Most of the intraoral vascular lesion/tumours especially when they are large are a nightmare for surgeons because of its high vascularity and risk of

postoperative bleeding. Pre-surgical intralesional drug injections with polidocanol can help in the regression of the lesion and further help in easy surgical intervention in case of large vascular lesions. This case demonstrates that vascular lesions on intralesional administration of single injection of polidocanol can continuously regress every week till complete resolution occurs.

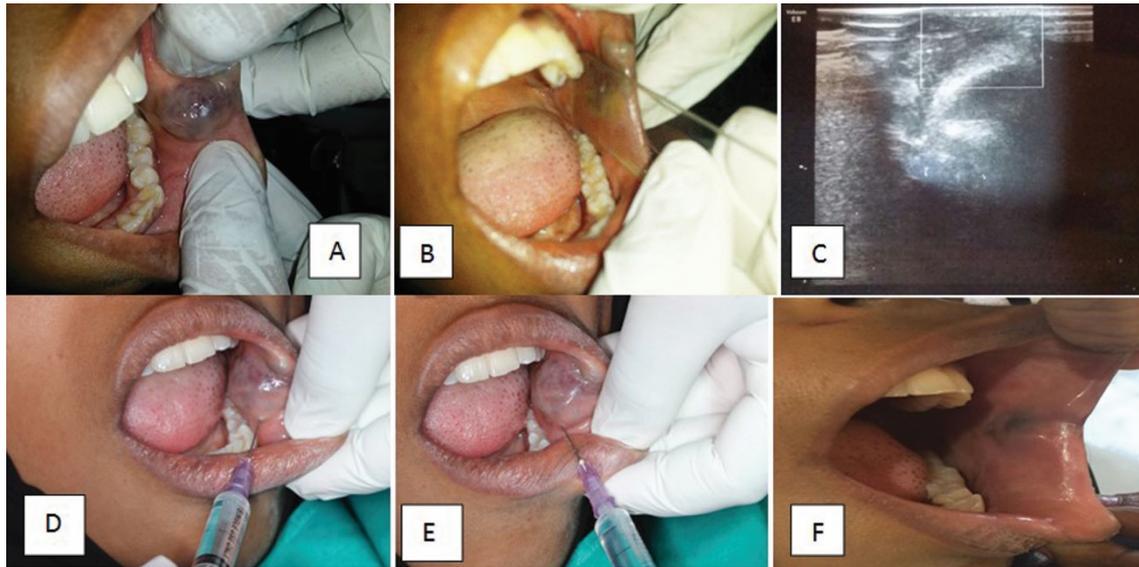


Figure 1:- A-Intraoral Examination, B-Positive diascopy test C-Ultrasonography of the lesion, D-Intralesional injection of polidocanol, E-Intralesional injection of polidocanol in different direction, F-Regression of the lesion after follows up of one month

REFERENCES

1. Newadkar UR. Oral hemangioma or vascular malformation: different entities!. *J Indian Acad Oral Med Radiol.* 2015;27:497-9.
2. Queiroz SIML, Assis GM, Silvestre VD, Germano AR, Silva JSP. Treatment of oral hemangioma with sclerotherapy: case report. *J Vasc Bras.* 2014;13:249-253.
3. Trivedi K, Soni A, Meshack R, Kulthya RS. Intraoral hemangioma: an overview of the clinical entity. *J Int Clin Dent Res Organ.* 2015;7:79-81.
4. Sitra G, Kayalvizhi EB, Sivasankari T, Vishwanath R. A new venture with sclerotherapy in an oral vascular lesion. *J Basic Clin Pharma.* 2015;6:40-3.
5. Doganci S, Yildirim V, Erol G, Yesildal F, Karabacak K, Kadan M, et al. Polidocanol (Lauromacrogol 400) has anti-angiogenic effects in vitro and in vivo. *Eur Rev Med Pharmacol Sci.* 2016;20:1384-9.
6. Grover C, Khurana A, Bhattacharya SN. Sclerotherapy for the treatment of infantile hemangiomas. *J Cutan Aesthet Surg.* 2012;5:201-3.