

Racemose Hemangioma On The Lower Lip: A Rare Case Report

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First received: 08.02.2019
Accepted: 09.04.2019

Citation:
Izlek AcademicalJournal (izlek)
Volume: 2 Issue: 2
Pages: 54-59 Year: 2019
Session: Summer

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ABSTRACT

Hemangiomas are tumors distinguished by rapid endothelial cell multiplication in early stages, trailed by involution after some time. Hemangiomas are the most widely recognized tumors of early stages. Racemose hemangioma is a kind of hemangioma. This to a great degree uncommon vascular distortion is made out of different arteriovenous fistulas, regularly orchestrated in an expanding design. Racemous implies looking like a pack of grapes. For this case report, we show a thirty-one-year old patient with an uncommon racemose hemangioma on the lower lip. Currently, excisional surgical treatment is frequently used in the treatment of small vascular lesions. With accurate diagnosis, good planning and minimally invasive treatment, vascular lesions can be treated with minimal blood loss and morbidity.

Keywords: Racemose, hemangioma, lip

Alt Dudakta Rasemöz Hemanjiyom: Nadir Bir Olgu Sunumu

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Geliş tarihi: 28.06.2019
Kabul tarihi: 08.07.2019

Atıf bilgisi:
İzlek AkademikDergi (izlek)
Cilt: 2 Sayı: 2
Sayfa: 54- 59 Yıl: 2019
Dönem: Yaz

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ÖZ

Hemanjiyomlar, erken evrelerde hızlı endotel hücre çoğalması ile ayırt edilen, bir süre sonra evrim gösterebilen tümörlerdir. Hemanjiyomlar, erken evrelerde geniş yayılım gösterebilen tümörlerdir. Rasemöz hemanjiyom bir çeşit hemanjiyomdur. Genellikle nadir görülen bu vasküler distorsiyon, düzenli olarak genişleyerek büyüyen arteriyovenöz fistüllerden oluşur. Görüntü olarak bir salkımsı üzümü andırırlar. Bu olgu sunumunda, alt dudakta nadir görülen rasemöz hemanjiyomu olan otuz bir yaşında bir hasta sunulmuştur. Günümüzde, küçük vasküler lezyonların tedavisinde sıklıkla eksizyonel cerrahi tedavi uygulanmaktadır. Kesin tanı, iyi bir planlama ve minimal invaziv tedavi ile vasküler lezyonlar en az kan kaybı ve morbidite ile tedavi edilebilmektedir.

Anahtar Kelimeler: Rasemöz, hemanjiom, dudak

INTRODUCTION

Hemangioma is the most well-known tumor in newborn children (10-12%) and the head and neck area is the most regularly included site (60%). Most lesions are singular (80%), and young ladies are more influenced than young men (Patel et al, 2003). Most hemangiomas are found inside the delicate tissues (mucosa, skin and muscle) and just a little rate of cases happen intraosseously. Hemangiomas generally show up not long after birth (however up to 30% might be available during childbirth), normally multiply amid the primary year of life and afterward involute amid the adolescence years (up to 12 years). The terms fine and enormous hemangioma are obsolete and the injuries are all the more fittingly portrayed by profundity of the sore as shallow, profound and compound hemangioma. The normal history of hemangiomas ought to impact the planning and sort of intercession. A valuable way to deal with the administration of hemangiomas can be founded on the phase of the sore (proliferative or involutive stage), kind of lesion (superficial, deep, compound) and the administration of lingering deformation. The remedial modalities right now accessible surgery alone or in mix with endovascular embolization, intralesional infusion of sclerosing agents, lasers, systemic steroids (Baumash & Mandel, 1963; Minkow et al, 1979).

Hemangiomas are tumors distinguished by rapid endothelial cell expansion in early earliest stages, trailed by involution after some time. All different variations from the norm are contortions coming about because of atypical improvement of vascular plexuses. The abnormalities have an ordinary endothelial cell development cycle that influences the veins, the vessels, or the lymphatics and they don't involute (Jackson et al, 1993). Hemangiomas are the most well-known tumors of early stages and are portrayed by a multiplying and involuting stage. They are seen more ordinarily in whites than in blacks, more in females than in guys in a proportion of 3:1. Various development components including vascular endothelial development calculate (VEGF), essential fibroblast development consider (bFGF), changing development figure beta (TGF-beta) and interleukin 6 (IL6) have been exhibited as controllers of angiogenesis. Various cell markers have been sketched out, for example, TIMP-1, bFGF, multiplying cell atomic antigen, sort IV collagenase and urokinase. Hemangiomas of the oral pit are not regular pathologic substances, but rather, among hemangiomas, the head and neck are basic locales. Most hemangiomas involute with time, however a specific little rate doesn't, which may give intricacies that require treatment (Yih et al, 1989).

Workup of oral hemangiomas requires some type of imaging to decide their degree and stream qualities. The accompanying modalities might be useful: • Angiography is viewed as the most conclusive of the studies, despite the fact that the angiographic appearance of intraosseous injuries is less very much characterized than that of delicate tissue lesions (Yih et al, 1989). Ultrasonography can be utilized to verify that a sore is angiomatous in nature, i.e. hemangioma, lymphangioma), yet it can't be utilized to separate a hemangioma from a lymphangioma. Contrast-improved MRI can be utilized to separate a hemangioma from a lymphangioma in the oral cavity. MRI gives off an impression of being very solid for sores of either delicate tissue or bone. On plain movies or all-encompassing radiographs, a focal vascular deformity of the bone generally has a honeycomb appearance or cystic radiolucencies. Intraosseous vascular contortions demonstrate a nonspecific reticulated or honeycomb design that is all around outlined from ordinary bone. A sunburst impact, made by spicules emanating from the middle, is frequently present. CT filters regularly demonstrate an expansile procedure with a high density indistinct mass that might be suggestive of stringy dysplasia (Yih et al, 1989)

Treatment of vasoformative tumors speaks to a test in light of the fact that the morbidity can run from minor bleeding and swelling to life-undermining discharge and airway embarrassment. Due to the inclination of hemangiomas to relapse suddenly, ways to deal with administration rely on upon their size, their area, their conduct and the age of the patient. Hemangiomas are typically overseen conservatively (Kane et al, 1995)

This extremely uncommon vascular abnormality is made various arteriovenous fistulas frequently orchestrated in an expanding design. Racemose means taking after a pack of grapes. The sores clinically take after varicosities, happen normally on the head or upper part of the storage compartment, and seem

right on time in life. The individual lesions might be pulsatile. Under the magnifying lens, they take after an arteriovenous hemangioma, although other histological examples might be seen (Fontes et al, 2011).

CASE REPORT

The 28 years old male patient alluded to our clinic with the dissension of esthetical perspective of his lower lip (Figure 1).



Figure 1: The view of lesion on the lower lip

The patient's complaints are about esthetic. The patient was analyzed as vascular lesion at the underlying examination visit. After an exchange of the treatment alternatives, excision of the lesion was suggested and acknowledged by the patient. The treatment was performed in under local anesthesia. In the first visit, the lesion was extracted (Figure 2).



Figure 2: Right after the excision procedure

Postoperative guidelines were given and no analgesics and antibiotics were recommended. In any case, for the healing of scar formation, Contractubex® (Assos İlaç, Kimya, Gıda Ürünleri Üretim ve Tic. Ltd. Şti) was applied (Figure 3).



Figure 3: The lesion area applied with Contractubex

The lesion was sent to Oral Pathology Department of the same university. After histological examination, the lesion was seen as Racemose Hemangioma. Amid the following visit, the lower lip was swung to its natural look (Figure 4).



Figure 4: View of postoperative one week

DISCUSSION

To start with an instance of the hemangioma was recorded by Liston (1843). Later in 1867, Virchow depicted the main instance of vertebral hemangioma. In the 1940s, Kasabach and Merritt portrayed a 2-month-old male baby who had thrombocytopenic purpura and a 'monster narrow hemangioma' to his left side thigh. From there on, the twofold eponym 'Kasabach-Merritt disorder' came to be utilized for hemangioma with platelet trapping (Radhika & Lankupalli, 2014). The hypothesis that, hemangiomas are neoplasms, was firmly upheld by the investigation of Mulliken and Glowacki. In 1982, Mulliken and Glowacki proposed a twofold order framework for vascular irregularities in view of pathologic features (Lowe et al, 2012). Marchuk (2001) in their study characterized hemangioma as a benevolent tumor that displays an early and quick multiplication stage amid the main year of life, and is portrayed by endothelial and pericytic hyperplasia, trailed by a slower however unflinching involution stage that may

keep going for quite a long time. As of late in 2004, Danielle A Katz characterized hemangioma as an unusual expansion of veins that may happen in any vascularized tissue and that impressive level headed discussion exists in the matter of whether these sores are neoplasms, hamartomas or vascular distortions (Nandaprasad et al, 2008).

CONCLUSION

To finish up, hemangiomas offer confounding conversation starters that might be replied as the occasions that start hemangiogenesis are explained. Likewise, the anatomical preference for the head and neck of adolescent hemangiomas must be clarified, maybe most captivating from a remedial point of view is the unconstrained involution of the lesion. This recognizing trademark has been appeared to be expected to some degree to apoptosis of the endothelial cells, however the trigger for this procedure stays obscure. Can this apoptotic program be exchanged on before and be quickened? These are some of the questions that must be tended to later on.

Acknowledgement: This study was presented as a poster presentation in 13th Symposium of Turkish Association of Oral and Maxillofacial Surgery held in Trabzon, Turkey at October 2015.

REFERENCES

- Patel, S. B., Desai, A., Desai, S., Vyas, R. R. and Soni, H. C. (2003). Case Report:Vascular lesions of face. *Ind J Radiol Imag*, 13, 257-260.
- Baurmash, H. and Mandel, L. (1963). The nonsurgical treatment of hemangioma with sotradecol. *Oral Surg Oral Med Oral Pathol*, 16(7), 777-782.
- Minkow, B., Laufer, D. and Gutman, D. (1979). Treatment of oral hemangiomas with local sclerosing agents. *Int J Oral Surg*, 8(1), 18-21.
- Jackson, I. T., Potparic, Z. C. R., Potparic, Z. and Hussain, K. (1993). Hemangiomas, vascular malformations and lymphorenous malformations. Classification and methods of treatment. *Plast Reconstr Surg*, 91(7), 1216-2130.
- Yih, W. Y., Ma, G. S., Merrill, R. G., Sperry, D. W. (1989). Central hemangioma of the jaws. *J Oral Maxillofac Surg*, 47(11), 1154-1160.
- Kane, W. J., Morris, S., Jackson, I. T, Woods, J. E. (1995). Significant hemangiomas and vascular malformations of the head and neck: clinical management and treatment outcomes. *Ann Plast Surg*, 35(2), 133-143.
- Fontes, A., Campos, M. S., de Sousa, S. C., Martins, M. T. and Nunes, F. D. (2011). Diagnostic implications of oral intravascular papillary endothelial hyperplasia. *Odontology*, 99, 92-97.
- Radhika, B. N. and Lankupalli, A. S. (2014). Lesions of Lip and Tongue. *IOSR Journal of Dental and Medical Sciences*, 13(2), 1-5.
- Lowe, L. H., Marchant, T. C., Rivard, D. C. and Scherbel, A. J. (2012). Vascular malformations: classification and terminology the radiologist needs to know. *Semin Roentgenol*, 47(2), 106–117.
- Marchuk, D. A. (2001). Pathogenesis of hemangioma. *J Clin Invest*, 107, 665–6.
- Nandaprasad, S., Sharada, P., Vidya, M., Karkera, B., Hemanth, M. and Kaje, C. (2008). Hemangioma – A Review. *The Internet Journal of Hematology*, 6(2).