CASE REPORT

HAEMANGIOMA OF SOFT PALATE: A RARE CASE

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ABSTRACT: Haemangiomas of the nose, pharynx and larynx are rare. Palatal haemangiomas are uncommon with an occurrence of less than 3% of oral haemangiomas. They are usually congenital. These growths may not manifest themselves for years. In this case report we are presenting a male patient aged 40 years with haemangioma of soft palate. Oral haemangiomas are usually diagnosed between the second and fourth decades of life. Based on epidemiological studies, there is a male predilection of 2:1.
KEYWORDS: Haemangioma, Soft palate.

INTRODUCTION; Haemangioma is a benign tumour of vasoformative origin that is commonly seen in infants and Children.[1] These lesions are compressible and refill slowly after releasing the compression. Some of these lesions can cause airway obstruction and may bleed profusely. These lesions have no malignant potential. The diagnosis is by clinical examination and through vascular imaging. These vasoformative tumors are classified under 2 broad headings of hemangioma and vascular malformation.[2] Hemangioma is further sub classified based on their histological appearance as: capillary lesions; cavernous lesions; and mixed lesions. A sclerosing variety also occurs that tends to undergo spontaneous fibrosis. Hemangiomas are the most common benign tumors of the head and neck in children, but their occurrence on the palatal mucosa is extremely rare.[3]

CASE REPORT: A male patient aged 40 years reported to the ENT O.P.D with the complaints of swelling over palate and attacks of bleeding from the mouth. He gave history of a pea nut sized swelling over palate on right side since 8-10 years which increased gradually to attain the present size. The swelling was not associated with pain or difficulty on swallowing. Patient gave history of 4-5 attacks of bleeding from the mouth in last 2-3 years. Each attack of bleeding from the mouth was precipitated by severe exertion like cough. Patient also complained of bilateral nasal obstruction which was more on left side. Nasal obstruction was not associated with sneezing, cold or epistaxis.

On ENT examination, in the oral cavity a single, diffuse, globular, bluish purple coloured swelling was seen occupying whole right half of soft palate. The swelling extended from posterior end of hard palate to free border of soft palate. Horizontally it was seen just crossing the midline. The swelling measured approximately 4cm x3 cm in size. On palpation the swelling was soft, non-tender, non-pulsatile and did not bleed on touch. The margins of the swelling were ill defined. The swelling was smooth except at the posterior end towards uvula where it showed an engorged and beaded appearance. The mucosa over the swelling was non ulcerated. The movement of soft palate was reduced on the right side.

Anterior rhinoscopic examination and. Diagnostic nasal endoscopy revealed no abnormalities. Examination of neck was normal. General physical and systemic examinations or steroid administration represent viable treatment option. For haemangiomas that are not proliferating and are were also normal. Routine blood and urine examinations were done which were normal. Plain radiographic examination showed no abnormality.

Plain and contrast CT scan in both axial and coronal planes was done. An irregular, lobulated, ill defined, mildly enhancing isodense mass in the region of mid and right lateral part of soft palate was seen involving right lateral pharyngeal wall with obliteration of right oropharyngeal air space. The growth measured 4.2 x 3.3 x2.8 cm in size.

DISCUSSION: Haemangioma are somewhat common, benign tumours of the oral cavity that are found in 5.5 of every 1000 American adults. The labial mucosa is the most common site for oral mucosal haemangioma (63%), followed by the buccal mucosa and lateral border of the tongue with a prevelance of 14% each, respectively. Palatal haemangioma are uncommon, with fewer than 3% of the cases occurring in the site.[4] Most of the reported cases of palatal haemangioma are of the capillary type. Cavernous haemangioma of the palate are seen but are rare.[5]

The oral haemangiomas clinically appear as circumscribed, painless, blue red coloured swellings. Numerous treatment modalities have been used in the management of haemangiomas of oral cavity. The management of oral haemangiomas usually depends on the size, location and behaviour of the lesion and the age of the patient. Most of the haemangiomas are managed conservatively and require no intervention because of size, anatomical location and patient oriented issues. For proliferating lesion, periodic observation actually exhibiting signs of involution, simple observation is the best management. If the involution is incomplete and arrested, then the lesion can be managed by sclerotherapy, laser therapy or cryotherapy.

MANAGEMENT AND FOLLOWUP:[6] Management of haemangioma depends on a variety of factors, and most true haemangioma requires no intervention. However, 10–20% requires treatment because of the size, exact location, stages of growth or regeneration, functional compromise, and behaviour. The range of treatment includes surgery, flash lamp pulsed laser, intralesional injection of fibrosing agent, interferon alpha-2b, and electrocoagulation while cryosurgery, compression and radiation were used in the past. Each treatment modality has its own risk and benefits. In the present case, surgery was carried out on the basis of size and location. Moreover, the difficulty in swallowing was another factor that was taken in consideration, and surgical approach was preferred as to remove excess residual fibrofatty and redundant tissue after involution. After itralesional injection this case was followed after 6 months and one year, there is complete disappearance of tumour is seen.

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