

Olgu Sunumu

Tongue Hemangioma: A Case Report

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Abstract

Tongue hemangioma is a benign vascular tumor that causes bleeding, difficulty in breathing, pain, difficulty in chewing and speaking; and it is observed rarely. Hemangiomas are separated histologically into three types as capillary, cavernous, or mixed. Hemangiomas are seen most commonly on cheeks, upper lip and upper eyelids on head and neck while they are observed in very small proportions on tongue. Surgery, corticosteroids, sclerosing agents, radiation therapy, diathermy, electrocauterization, cryosurgery, embolization, laser, radiofrequency, and interferon are used in treatment of hemangiomas. In this study, cavernous hemangioma was detected in the physical examination of the right lateral of tongue of a 14-year-old female patient. Relevant literature studies with the patient's symptoms and treatment information was discussed and presented.

Key words: Hemangioma, Tongue, Radiofrequency

Introduction

Tongue hemangioma is benign vascular tumors that cause bleeding, difficulty in breathing, pain, difficulty in chewing and speaking; and they are observed rarely. Hemangiomas are separated histologically into three types as capillary, cavernous, or mixed. Hemangiomas most commonly occur on skin, 80% of these lesions are single, while 20% are bilateral lesions. Male / female ratio is 1/3. More than half of the lesions occur on head and neck. Hemangiomas are seen most commonly on cheeks, upper lip and upper eyelids on head and neck, while they are observed in very small proportions on tongue.

Hemangiomas characteristically occur after birth, and they undergo involution roughly every year after proliferation period in 10% rate of the lesion size.

Surgery, corticosteroids, sclerosing agents, radiation therapy, diathermy, electrocauterization, cryosurgery, embolization, laser, radiofrequency, and interferon are used in treatment of hemangiomas (1-4).

Case Report

14-year-old female patient was admitted in our clinic with the complaint of dark red colored mass about 1.5x2 cm in size on the right lateral of her tongue with complaints of occasional bleeding and pain from this mass (Figure 1).

The patient was hospitalized for excision purposes and with hemangioma diagnosis on tongue since this mass has not reduced in size following its outbreak several months after birth, frequent bleeding episodes occurred and spontaneous regression was not expected due to the age of the patient. There were no pathological findings on other otorhinolaryngology and systemic examinations of patient. In order to understand the depth of the lesion, contrast-enhanced magnetic resonance imaging (MRI) was performed for the patient whose routine biochemical tests and complete blood count examinations were normal. As a result of MRI, it was understood that the lesion has not deepened much on tongue and it was cauterized under general anesthesia by using Elman ® brand radiofrequency (RF) device. The process was applied by using bullet-head end on the third level of device and only on coagulation mode (Figure 2). After surgery, pain and swelling on tongue and difficulty in speech and

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Fig. 1. The appearance of hemangioma before operation.



Fig. 2. Intraoperative radiofrequency application.



Fig. 3. Postoperative appearance of hemangioma.

swallowing has not occurred in the patient (Figure 3). The patient was hospitalized for one night for possible tongue edema and was discharged from the hospital on the next day after having been given an oral antibiotics and anti-inflammatories.

Discussion

Hemangiomas mean vascular-origin tumors that grow with cellular proliferation and they are the most common tumors of childhood. They are 7% of all benign tumors. Hemangiomas are seen one in ten children around age one. Generally, these lesions are not seen in birth but seen during the first months of life. 70-90% of them are seen in the first 1-4 weeks. 80% of these lesions are single, while 20% of them are multiple lesions. Hemangiomas demonstrate a proliferation stage, then stabilization stage and finally involution stage. 50% of cavernous hemangiomas undergo involution around age 5, 70% around age 7, and the remainder around age 10-12. The earlier the involution stage starts, the sooner it is completed. They usually occur sporadically, but they have also been reported in autosomal dominant familial transmission (5).

Hemangiomas can be diagnosed easily by inspection. However, contrast-enhanced MRI or

angiography may be required to understand the depth of mass and to be informed about vascularization of large hemangiomas (6). In our case, we have used contrast-enhanced MRI for the same purpose.

Surgery, corticosteroids, sclerosing agents, radiation therapy, diathermy, electrocauterization, cryosurgery, laser, embolization, radiofrequency, and interferon are used in treatment of hemangiomas (1-3).

Surgical procedures should be performed by physicians specialized in this field for the benefit of minimizing the risk of complications. Surgical intervention should not be aggressive and surrounding vital formations should be protected. Total excision is often difficult, recurrences are seen. Nowadays multi-stage surgery is widely recommended. For the large hemangiomas making pressure on the airway, tracheotomy opening should be performed and steroids should be used.

As one of the treatment options, corticotherapy should be applied only in selected cases due to systemic side effects (1). Radiation therapy is another treatment option. Radiotherapy regresses hemangiomas, but it causes severe atrophy on tissues of the treated area especially on skin. It can also cause cancer in later years. For this

reason, it is not preferred. Sclerosing agents can be applied into hemangiomas.

Cryotherapy can be applied. However, the percentage of success is low. For superficial lesions it can give good results (3).

RF was found to be a very safe and effective form of treatment since incisions are not required especially in shallow oral cavity hemangiomas, bleeding is minimal, it does not require suturing and pain is minimized.

Dilde Hemanjiom: Olgu Sunumu

Özet

Dil hemanjiomları kanama, nefes almada zorluk, ağrı, çiğneme ve konuşma zorluklarına yol açabilen ve nadir görülen benign vasküler tümörlerdir. Hemanjiomlar histolojik olarak kapiller, kavernöz ya da mikst olmak üzere üç tipe ayrılır. Baş boyunda en sık yanak, üst dudak ve üst göz kapağında görülen hemanjiomlar dilde çok az oranda izlenir. Hemanjiomların tedavisinde cerrahi, kortikosteroid, sklerozan ajanlar, radyoterapi, diatermi, elektrokorizasyon, kriyocerrahi, embolizasyon, lazer, radyofrekans ve interferon kullanılabilir. Çalışmamızda, 14 yaşında bayan hastanın yapılan fizik muayenesinde dil sağ lateralinde kavernöz hemanjiom tesbit edildi. Hastanın bulguları ve tedavisi ilgili literatürler eşliğinde tartışılarak sunuldu.

Anahtar kelimeler: Hemanjiom, dil, radyofrekans

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