

Giant Congenital Hemangioma of the Tongue: sporadic finding in a female Bulgarian patient with Hidradenitis suppurativa!

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Hemangiomas are benign tumors, most commonly located in the head and neck region, showing a notoriously higher prevalence in females (3:1). They usually affect eyelids, lips, nose, chin and oral cavity [1,2]. Hemangiomas are mainly divided into congenital and acquired type. Path morphologically they are classified as capillary, cavernous or miscellaneous forms, and according to their depth as superficial, deep or compound. The evolution of hemangiomas usually goes through three stages: endothelial cell proliferation, accelerated growth and involution. The involution

of congenital hemangiomas in turn can be like rapidly involuting congenital hemangioma (RICH) or never involute (noninvoluting congenital hemangioma; (NICH). According to the literature hemangiomas are a common tumor in infancy, and they usually resolve within the age of 10 [1, 3].

We present a 37 year old female patient with multiple congenital lesions of the tongue [Fig. 1a- 1e]. Patient's complains were of hypersensitivity, pain and burning in the tongue after intake of fizzy drinks and spicy food.



Fig: 1a-c: Clinical finding of several hemangiomas in the distal part of the tongue.

Fig: 1d-e: Ventral view of hemangiomas of the tongue.

After detailed examination we found the presence of several livid/bluish, erosive, infiltrative, confluent, painless lesions in the distal 2/3 of the tongue (figs 1a/1e). There were no signs of dysphasia, dyspraxia, hemorrhages or dental deformities. According to the anamnestic data, a biopsy of tongue's lesions has been performed in another institution long time ago as the subsequent histopathological verification established evidence for cavernous hemangioma. No other vascular abnormalities were found on the trunk and other parts of the body during the clinical examination.

Angio-CT was offered to the patient in order for a further evaluation, but it was refused for personal reasons.

Additionally, during the dermatological examination the presence of acne inverse, Hurley stage I was established in the left and right inguinal area.

Clinically hemangiomas are described as smooth, soft or lobulated formations with a size ranging from millimeters to several centimeters. They are usually asymptomatic, but may also cause pain, spontaneous or traumatic hemorrhages, dysphasia, dyspraxia, dyspepsia and cosmetic deformities [1,2].

Although hemangiomas are the most common tumors in the face and neck region, they are relatively rare in the oral cavity, which limits clinician's experience in that area. This localization causes significant diagnostic and therapeutic difficulties [2].

Management of hemangiomas depends on a variety of factors. Most of hemangiomas do not require aggressive surgical or interventional approach and can be treated conservatively with an expectant type of strategy [4]. However, in some cases there is a risk of affecting vital anatomical structures, causing bleeding, neuralgia, dysphasia and others [5]. In these cases further radiographic evaluation via CT or MRI is recommended [4].

The therapeutic options for hemangiomas in tongue area include surgery, laser photocoagulation, arterial embolization, sclerotherapy, intralesional and systemic corticosteroid treatment, electrolysis, thermocauterisation, immunomodulatory therapy with interferon alfa-2a, systemic β -Blockers and others [4, 6-9].

Surgery is usually the method of choice only when there is no response to systemic treatments, due to the high risk of intraoperative bleeding, the need of preoperative artery embolization and significantly decreased organ's functions as a postoperative result [4, 6].

Among the sclerosing agents available, excellent results have been reported for sodium morrhuate and sodium sulfate tetracycl. Fernandez and Co. published a retrospective study of 46 patients, showing sclerosing therapy with ethanolamine oleate as an acceptable, effective, safe and affordable treatment

for benign oral vascular lesions [6]. An intralesional application of sclerosing agents under radiographic control is also an option in cases where conventional intra-arterial catheter embolization is technically not possible, but the risk of sclerosing agent entering the venous system should also be considered [4].

According to a Meta-analysis by Yang and Co. the usage of propranolol in treatment of hemangiomas shows better response rate than other therapeutical options and can be used as the first-line therapy for hemangiomas in children [7]. This statement is supported by a study of Ali and Co. which shows better therapeutic results of propranolol in comparison to corticosteroids [8].

It's recommended that the choice of therapeutic option should be taken, considering many factors such as: patient's age, lesions' size, localization and others [1, 4, 10].

In our case surgical intervention was contraindicated, because of the size of the lesions. However, further diagnostic and a therapeutic plan was not performed.

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