

Capillary Hemangioma a Unique Entity in Mandibular Anterior Attached Gingiva: A Case Report

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Abstract:- Hemangiomas are relatively familiar benign proliferative lesions of vascular tissue origin, which may be present at birth or may arise during early childhood. Usually it is symptomless but may present with symptoms such as slow growing, recurrent bleeding, mobile tooth and discomfort in the affected region. Investigators believe that Hemangiomas are congenital developmental anomalies and are not true neoplasms. The case report presents capillary hemangioma of Mandibular anterior region in a 50 year old Female.

Keywords:- Hemangioma, Capillary Hemangioma.

I. INTRODUCTION

An Angioma is a tumor of which the cells likely to form blood vessels or lymph vessels. When the tumours are made of lymph vessels they are known as lymphangioma and when composed of blood vessels they are called as hemangiomas. They are mostly seen at birth and are present throughout the life. Females are commonly affected¹⁻³. Based on microscopic appearance it is classified as capillary, cavernous, mixed, sclerosing variety¹. The incidence of intraoral capillary hemangioma is infrequent and its topographical presentation on the palatal mucosa and gingiva are extremely rare¹. They are seen as cutaneous, intramuscular, mucosal and intraosseous¹ lesions. Imbalance in angiogenesis has a role in the development of hemangioma⁶. The lesions present a diagnostic dilemma to the clinicians, so histological and microscopic evaluations are very essential for a final diagnosis¹.

II. CASE REPORT

The patient is a 50 years old female who was presented to Oral and Maxillofacial Surgery department complaint of a lesion which was painful and bleeding on provocation on the mandibular right anterior attached gingiva which extends from mandibular incisors to canine region. History divulges excision of lesion 5 months back in same region and recurred again.

A. Microscopic Features

Then biopsy were sent for histological examination and the report show Para keratinized stratified squamous epithelium with elongated rete pegs in few areas. The underlying connective tissue is highly fibrous and vascular especially increasing in number, close to epithelium. The connective tissue also shows bundles of collagen fibres along with presence of dense mixed inflammatory cells, predominantly plasmacells, lymphocytes and neutrophils towards the superficial region of connective tissue. After laboratory evaluations in the oral pathology department it was diagnosed as capillary hemangioma.

B. Diagnosis:

Capillary Hemangioma



Fig. 1: PRE-OPERATIVE PICTURE



Fig. 2: INTRA- OPERATIVE PICTURE



Fig. 4: ONE MONTH REVIEW

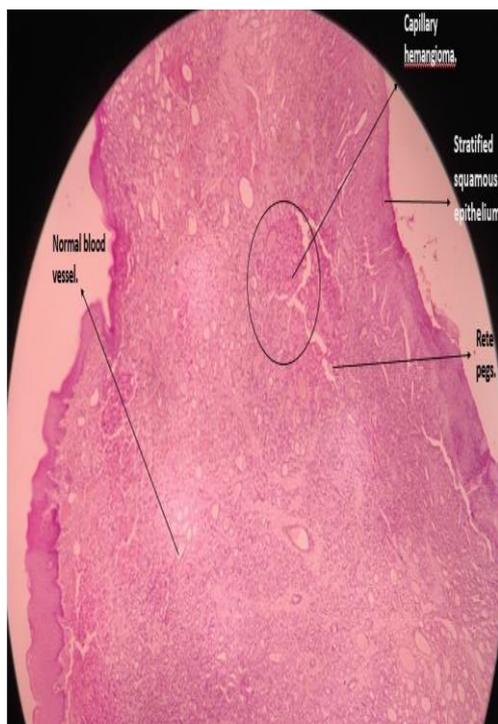


Fig. 3: HISTOMICROGRAPH

III. CLINICAL OBSERVATION

One month following surgery the site was completely healed ,patient were reviewed immediate post op, 7th day and one month respectively .During this period there was no recurrence noted and the patient was periodically observed after the treatment.

IV. DISCUSSION

Hemangioma constitutes 7% of all benign tumors in infancy and childhood¹ and is more recognized at an early age, seen mostly in females³.The term hemangioma is commonly used to narrate an immense diversity of vasoformative tumors. Vascular malformations are present since birth.The lesions occur in oral and maxillofacial region including palate, gingiva,lip,jaw bones and salivary glands¹. The occurrence of hemangioma on gingiva is rare⁵. Clinical features of hemangioma are bleeding, pain, destruction of bone or expansion of bone, early exfoliation of primary tooth, root resorption². Hemangioma have similarities with other lesions. Differential diagnosis of hemangioma includes pyogenic granuloma, epulis, talengectasia and peripheral ossifying fibroma².Histologically the capillary hemangioma often resembles pyogenic granuloma, however presence of certain features like intercellular edema and chronic inflammatory cell infiltration are very common in pyogenic granuloma but are rare in capillary hemangioma .In addition Hemangioma may be confused with the vascular appearing lesions of face or oral cavity which may be also represents the sturge- weber syndrome¹⁰.Capillary hemangioma arising on attached gingiva is extremely unique entity. The same observation was seen by Mishra MB et al in his study¹⁷. The treatment dependson clinicaland anatomical features and considerations. Angiography was of importance in delineation of the vascular supply and confirmation of the histological diagnosis².Microembolization is a good method of treating hemangioma. Our case outlines a capillary hemangioma present on the attached gingiva of mandibular anterior region. Our treatment was by completely excising the lesion using electrocautery.

V. SUMMARY

The surgeons have to excise the lesion and should provide a better treatment for the patients and also in control the haemorrhage if persist.

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