



Contents lists available at ScienceDirect

Journal of Oral and Maxillofacial Surgery, Medicine, and Pathology

journal homepage: www.elsevier.com/locate/jomsmmp

Case report

A case of chronic expanding hematoma in the oral floor



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ARTICLE INFO

Article history:

Received 14 June 2013

Received in revised form 17 October 2013

Accepted 11 November 2013

Available online 11 December 2013

Keywords:

Chronic expanding hematoma

Oral floor

ABSTRACT

A chronic expanding hematoma (CEH), a type of lesion that gradually develops after trauma or surgery, can appear in many locations, though occurrence in the head and neck region is uncommon. Here, we report the first known case of a CEH arising in the oral floor, which developed in a 16-year-old woman who exhibited a slowly expanding mass over a period of 2 months after dental treatment.

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1. Introduction

Most hematomas spontaneously subside without clinical complications, though some cases persist for a long duration. Reid et al. proposed that such cases be termed chronic expanding hematoma (CEH) [1]. Generally, a CEH arises in the pleural cavity, lower leg, abdomen, or back, while occurrence in the head and neck region is uncommon, with few reports of this lesion appearing in the neck, maxillary sinus, temporal region, or temporal mandibular joint region [2–6]. Here, we report the first known case of a CEH arising in the oral floor, which developed in a young woman who exhibited a slowly expanding mass over a period of 2 months after dental treatment.

2. Case report

A 16-year-old female was referred to our hospital for further evaluation of a large mass in the right side of the oral floor on August 6, 20XX. On May 31, infiltration anesthesia had been performed to the lingual gingiva in the right lower premolar region by a local dentist in order to remove caries, and a fever occurred later that night.

On June 4, the patient noted a mass in the right submandibular region that continued to expand. At the initial visit, we observed diffuse submandibular swelling and a large elastic soft mass in the right floor of the mouth, while the lingual gingiva covered the teeth in that area and a bleeding tendency was noted (Fig. 1). The skin color of the submandibular region and mucosa of the oral floor around the mass was normal. History taking revealed that the patient had a complex cardiac anomaly and congenital asplenia syndrome noted 4 years ago, along with pancytopenia, for which Fontan surgery was performed for a single ventricle soon thereafter. Dipyridamole, frusemide, and spironolactone were routinely given, and her platelet level was 51,000/ μ l.

Contrast enhanced computed tomography (CT) scanning and magnetic resonance imaging (MRI) revealed a hemangioma-like lesion sized about 3.36 cm \times 4.37 cm \times 4.55 cm in the floor of the mouth that was limited upper area of hyoid muscle (Figs. 2 and 3). On CT scanning, a highly enhanced region was observed inside the mass. The mass showed high signal intensity on T2-weighted images and low intensity on diffusion weighted images, though it was not clearly enhanced. No breathing troubles or other abnormalities were noted in clinical examinations.

Although a biopsy was performed twice before removal, the histological diagnosis was not clear, and the mass was removed through an intraoral approach under general anesthesia on October 9, 20XX. In addition, the submandibular gland, periosteum, and venter anterior musclic digastrici were also extirpated because the possibility of malignancy was not clearly denied (Fig. 4). Histological findings revealed that the lesion consisted of a blood component in the lumen, though no increase in the blood vessel wall, which were consistent with the characteristics of a CEH (Fig. 5). The

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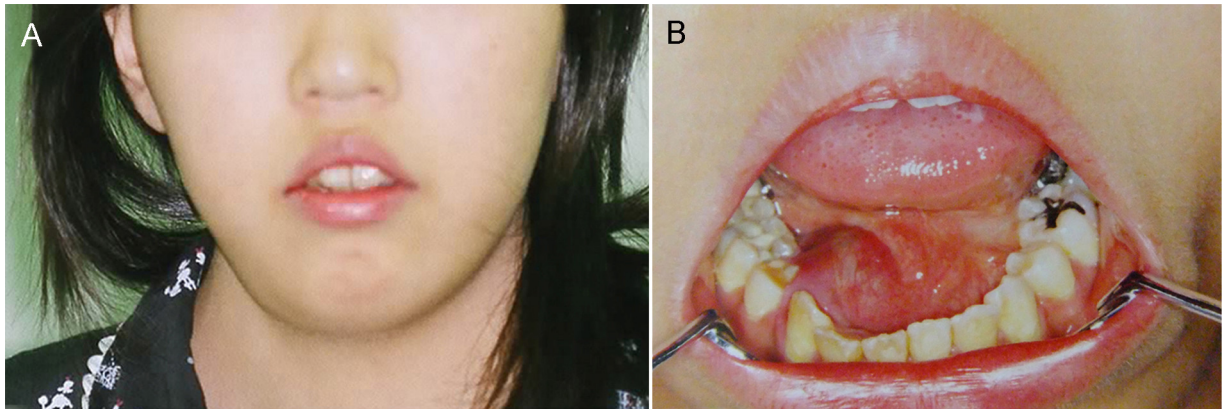


Fig. 1. Preoperative face and intraoral photos. We observed diffuse submandibular swelling and a large elastic soft mass in the right floor of the mouth, while lingual gingiva covered the teeth in that area.

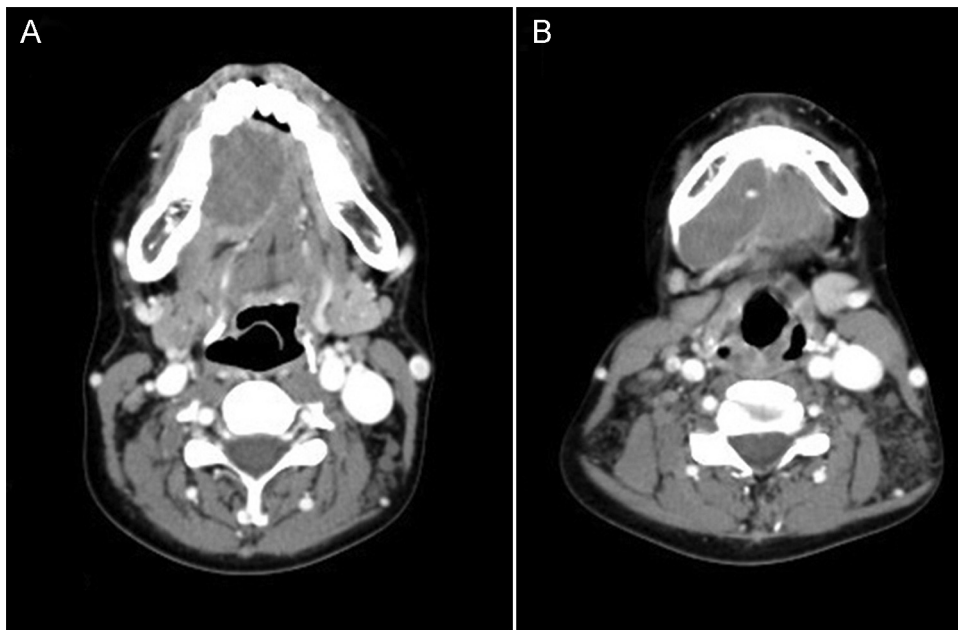


Fig. 2. Preoperative contrast enhanced computed tomography image showing a poorly enhanced hemangioma-like lesion sized approximately 3.36 cm × 4.37 cm × 4.55 cm in the floor of the mouth that extended to the submandibular area.

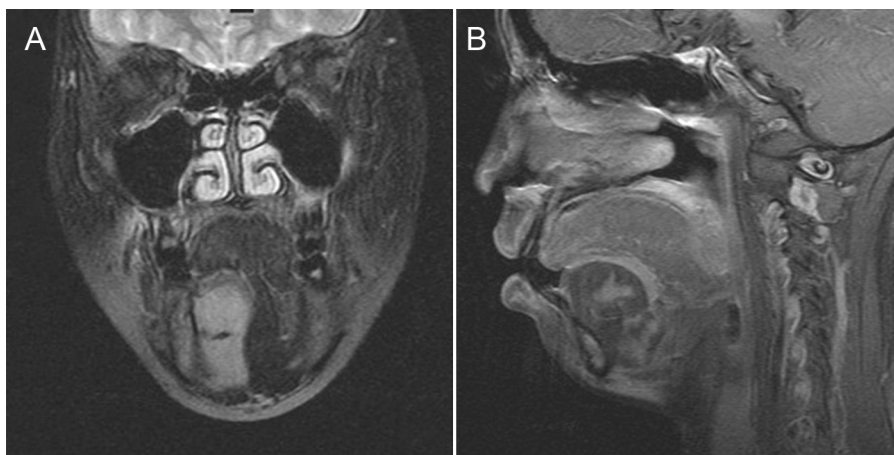


Fig. 3. Preoperative magnetic resonance imaging. (A) The mass showed high signal intensity on T2-weighted images and (B) low signal intensity on diffusion weighted images.

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