



REVIEW ARTICLE

# Central capillary hemangioma of the maxilla: Case report and a review of the literature



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Received 1 February 2015; revised 8 March 2015; accepted 9 March 2015  
Available online 18 March 2015

**KEYWORDS**

Hemangioma;  
Intraosseous;  
Maxilla;  
Mandible;  
Digital subtraction  
angiography

**Abstract** Hemangioma was previously defined as the variety of developmental vascular anomalies. However, in recent times, they are considered to be benign tumors of infancy characterized by a rapid growth phase with endothelial cell proliferation, followed by gradual involution. Hemangioma is mainly located in the soft tissues. Intraosseous hemangioma constitutes less than 1% of the reported cases of hemangiomas. They mainly occur in the second decade of life especially in women. The most common location is the vertebral column and skull, while the maxilla or mandible is a quite rare location. The origin of central hemangioma is debatable. Here we have presented a case of hemangioma occurring in a female patient in the maxillary canine-premolar region with detailed emphasis on the clinical, radiological and histopathological features.

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Peer review under responsibility of King Saud University.



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**1. Introduction**

Hemangioma was first described in the literature by Liston (1843).<sup>1</sup> Hemangioma is the benign tumor of infancy characterized by a rapid growth phase with endothelial cell proliferation followed by gradual involution. It is reported to be occurring in 5–10% cases of 1 year old children, while few cases are reported to be congenital.<sup>2</sup> The congenital forms are present at birth and may become more apparent throughout life.<sup>3</sup> The peak incidence of hemangioma is in the second and fifth decades of life.<sup>3</sup> Hemangiomas are more common in females than males (2:1), and more in whites than other racial groups.<sup>4</sup> Though the head and neck are considered to be the most common locations accounting for 60% of cases, it is relatively rare in the oral cavity. They may be cutaneous occurring in the skin, lips and deeper structures, mucosal occurring in the mucosal lining of the oral cavity, intramuscular involving the masseter and perioral muscles and intraosseous involving the jaw bones like the maxilla and mandible.<sup>5,6</sup> The origin of hemangioma is debatable. While some authors believe it to be a true neoplasm, others are of the view that it is a hamartoma due to its great resemblance with normal vessels and limited growth potential.

The capillary variant of intraosseous hemangioma is sparsely reported in the literature. Therefore, the aim of this paper is to present a case of central capillary hemangioma occurring in a female patient with special emphasis on the clinical, radiological and different histopathological features.

**2. Case presentation**

A female patient aged 25 years reported to the Dept. of Oral Pathology with the chief complaint of swelling in the upper gingiva which was slowly increasing in size since last 3 months. There were no relevant medical and family histories, no deleterious oral habits.

On clinical examination no significant extra-oral finding was noted. Intra-orally a diffuse erythematous growth arising from the facial aspect of the maxillary gingiva was noted in relation to 23–25. The surface of the lesion was smooth and shiny with loss of stippling of the involved gingiva. No ulceration was seen. On palpation the swelling was bony hard and non tender. No pulsation or bruit was noted. The lesion bled on provocation. There was a grade I mobility of regional teeth. (Figs. 1 and 2).

Intra-oral periapical (IOPA) X-ray revealed the presence of an ill-defined radiolucency involving the periapices of 23–25 with slight displacement of regional teeth. There was no significant bone destruction (Fig. 3).

Based on the clinical and radiological findings, a provisional diagnosis of pyogenic granuloma was made and incisional biopsy of both the soft tissue mass and underlying



**Figure 1** Showing no extraoral findings.



**Figure 2** Intra-orally a bony hard swelling with a diffuse erythematous growth arising from the maxillary gingiva was noted in relation to 23–25, with no ulceration of the region and a grade I mobility of regional teeth.



**Figure 3** IOPA X-ray revealed the presence of radiolucency in the periapices of 23–25 with no significant bone destruction.

bone was performed under local anesthesia. The tissue was preserved in 10% formalin and sent for histopathological examination.

Sections stained with H&E revealed the presence of large number of young proliferating blood filled capillary spaces some of which were comparatively larger in size. These spaces were lined by a single layer of well formed flattened endothelial

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