Huge Hemangioma Of The Face

A Hussain, E Geddoa, H Almusawy

Citation

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Abstract

A 10 months girl infant was brought by her family with a progressive swelling of left side of face since birth involving nose and obscuring left orbit; associated with occasional mild bleeding. What it could be:
1.Malignant tumor
2.Abcess
3.Hemangioma
4.Bone tumor

INTRODUCTION

The aim of presenting this case is to see the extreme of hemangioma presentation, with review of literatures about the methods of treatment.

CASE REPORT

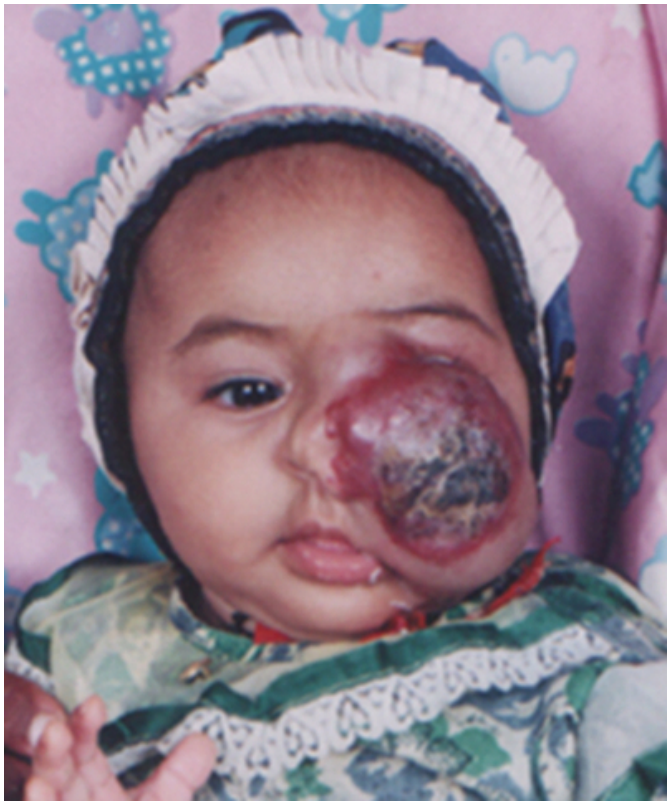
This girl infant was brought to the outpatient clinic at Alburaihy hospital, Taiz, YEMEN Sept; 2004. The family gave a history of progressive tumor enlargement in the left side of face since birth, of otherwise normal healthy child. This was associated with occasional ulcerations and bleeding.

There were no other abnormalities. And the other history items were unremarkable.

On examination: a huge tumor occupying the left side of the face with ulceration and necrosis. Red margin zone was seen only on the top surrounded by normal skin. The left orbit obscured was by the tumor but the left eye was normal.

Investigations including skull X-Ray were unremarkable. A biopsy was taken from the lesion, which confirmed the vascular malformation as hemangioma.

Figure 1



DISCUSSION

Classification and presentation: The superficial vascular malformation could be divided in to simple, such as infantile hemangioma, port-wine stains, capillarovenous angiodysplasias, and arteriovenous fistulae and malformations and complex type such as systematized (Sturge-Weber and Bonnet-Dechaume-Blanc syndromes,

Cobb's metameric angiomatosis, Klippel-Trenaunay and Parkes Weber's syndromes) or disseminated (Weber-Osler-Rendu disease and blue rubber-bleb nevus syndrome ([1])

Hemangiomas are the most common benign tumor of infancy. Most hemangiomas remain asymptomatic and can be managed by close observation;([2]) There is female predilection especially for syndromes associated with hemangioma ([3])

The natural course of immature hemangiomas in infants is well known. A rapid phase of growth from 6 to 8 months is followed by a period of stability then regression. Since approximately 70% of these immature hemangiomas resolve spontaneously, abstention is generally the rule ([4])

TREATMENT

Rapidly proliferating haemangiomas of the face may obscure vision with the development of deprivation amblyopia. Early intervention is required to prevent complications ([5])

Therefore, The list of treatment includes surgical and non-surgical treatment. Not all vascular malformations can be successfully treated; in certain cases watchful waiting seems justified but not in cases of severe problems, giant growth, and local complications ([6])

Hemangiomas in 74% of the infants demonstrated either good or partial response to treatment with ultrapotent topical corticosteroids ([7])

Nowadays, preoperative super selective embolization is recommended to minimize intra operative blood loss. ([8]) The Nd: YAG laser wavelength exhibits minimal tissue absorption and maximal penetration by comparison with the CO2 laser's maximal absorption and minimal penetration. These properties allow a variety of uses in maxillofacial surgery particularly coagulation of angiomatous lesions ([9])

Other non-surgical method of (magnetic resonance) MR-guided sclerotherapy seems feasible for clinical application. ([10]).

Surgical resection of the tumor can be a challenge; to achieve complete resection, prevention of recurrence and decreasing complications, sugeons adopted different approaches and precautions. One of these approaches is circular excision and purse string ([11])

CORRESPONDENCE TO

Mr. A Hussain 4B/Larkway close, Kingsbury, Middlesx NW9 0UE,UK Tel 0044-2082056678. Mob 0044-7949393892 Email azahrahussain@yahoo.com

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Author Information

Abdulzahra Hussain, FRCSI,FICS,Dipl(Gen.Surgery)
General Surgery

Emad Geddoa, FRCS (Eng), Msc
General Surgery

Hussein Almusawy
Clinical Fellow, General Surgery