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A lesion on lip – Hemangioma with Chronic Granuloma.

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ABSTRACT

Infections as well as tumours and tumour-like conditions are common in the oral cavity. While hemangiomas are benign vascular tumours which may be encountered in any part of the body, granulomatous infections are unusual in the mouth. We discuss below the rare occurrence of a hemangioma on the lip which was associated with a chronic granuloma.

Keywords: Lip, cavernous hemangioma, chronic granuloma.

INTRODUCTION

Hemangiomas are common vascular tumours .They occur in different regions of the body, either superficial, deep or in the visceral organs. Varied histological patterns can be observed on light microscopy. The association of a hemangioma with a granuloma on light microscopy gives rise to the possibility of a chronic granulomatous infection, as well as other possible differential diagnoses. We present such a case below.

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CASE REPORT

A three year old female child was brought to the surgical out-patient section of our hospital with complaints of a swelling on the upper lip which was present since birth. It was a slow-growing, painless, well-defined, firm mass, 2 cms in size. There were no other symptoms or signs. Systemic examination of the child was normal. Ultrasonography showed a benign soft tissue mass with venous type of vascularity, suggestive of a hemangioma. Routine blood investigations and pre-operative workup were normal.

On gross examination, the specimen was skin-covered, 2.5x0.4cms. Cut surface was brown and congested. Hematoxylin and eosin stained sections showed features of a cavernous hemangioma [Figure 1].The dilated, irregular vascular spaces lined by endothelium, with blood & old thrombi in lumina, infiltrated between muscle bundles. Surface epithelium and minor salivary glands were unremarkable.

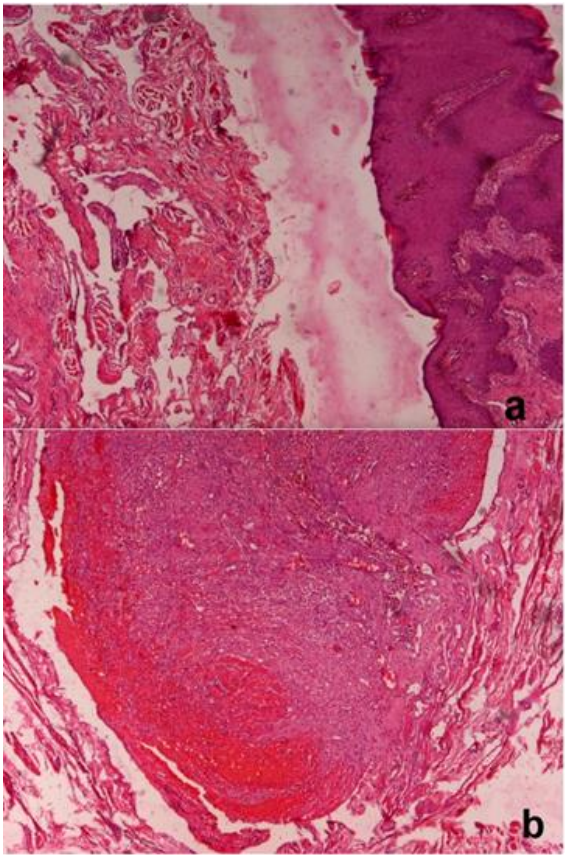

Figure 1: Cavernous hemangioma with irregular dilated vascular channels lined by endothelium (H&E, a-10x, b-40x).

A well-formed chronic granuloma was seen, composed of epithelioid cells, Langhans' giant cells, lymphocytes and surrounded by fibrosis [Figure 2a,b].

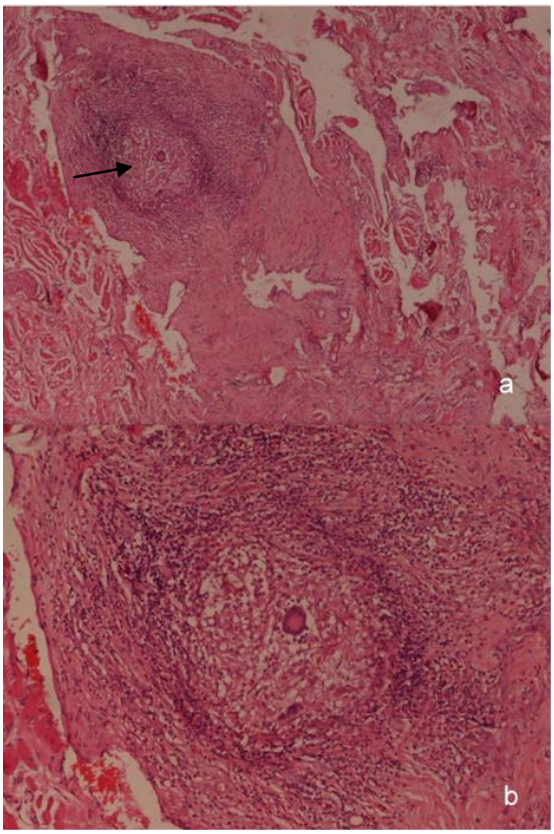

Figure 2: Photomicrograph showing cavernous hemangioma with well-formed chronic granuloma including Langhans giant cell (H&E, a-10x, b-40x).

It was acid fast stain negative [Figure 3]. We tried to correlate the findings with the clinical profile of the patient, who was a three –year old healthy child. The swelling had been present since birth and was painless and non-ulcerated.The patient was not immunocompromised. There was no history of contact with tuberculous patient in the family. Keeping the clinical findings in mind, the final diagnosis was that of a cavernous hemangioma with a reactive chronic granuloma.

DISCUSSION

The oral cavity is a site for lesions of varied etiology, including granulomatous infections and tumour-like conditions. In this case, the differential diagnosis included associated tubercular, fungal infections, tuberculoid leprosy and sarcoidosis, as well as foreign body reaction. Tuberculosis is common in this part of the world. However, it is rare in the oral cavity[1-3] and presents as painful ulcerations.[4,5] It is usually secondary to pulmonary disease.[3] Cases of oral tuberculosis are on the rise due to the upsurge in drug –resistant disease and Human immunodeficiency virus infection;[6] co-existence with carcinoma has also been reported.[7-9] In this painless lesion necrosis was absent and the granuloma was AFB negative. Tuberculoid leprosy patients present with red/hypopigmeted macule of the skin, decreased sensation, and pain and nerve involvement.[10] Fungal spores, hyphae and acute inflammatory cells were not evident on light microscopy. Sarcoidosis of oral cavity is rare and characteristic inclusions can often be identified.[11] No such inclusions were seen in our case. No dental material and foodstuff were seen forming the granuloma. If we encountered such an entity then ruling out other causes of granuloma is very important for both the diagnostic and treatment point of view.

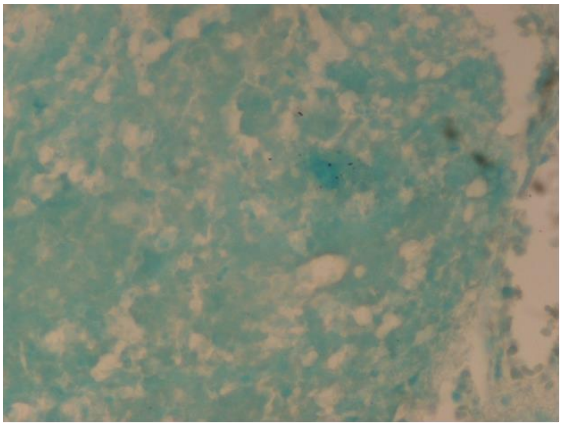

Figure 3: Photomicrograph showing negativity for acid fast stain in granuloma (40x).

CONCLUSION

We concluded that the granuloma was the result of a reactive process and un-related to any other specific disease process. Nevertheless, the case represents a diagnostic dilemma and highlights the importance of clinico-pathologic correlation.

REFERENCES

1. F. A. Ito, C. R. De Andrade, P. A. Vargas, J. Jorge, and M. A. Lopes. Primary tuberculosis of the oral cavity. Oral Diseases 2005; 11: 50–3.
2. M. D. Mignogna, L. Muzio, G. Favia et al. Oral tuberculosis: a clinical evaluation of 42 cases. Oral Diseases 2000; 6: 25–30.
3. H. L. Eng, S. Y. Lu, C. H. Yang, et al. Oral tuberculosis,"Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics 1996; 81: 415–20.
4. Von Arx DP, Husain A. Oral Medicine: Oral tuberculosis. British Dental Journal 2001; 190: 420 – 22.
5. Kamala R, Sinha A, Srivastava A, Srivastava S. Primary tuberculosis of the oral cavity. Indian J Dent Res 2011; 22: 835-38.
6. Miziara ID. Tuberculosis affecting the oral cavity in Brazilian HIV-infected patients. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2005; 100: 179–182.

7. Landa LE, Kathju S, Nepomuceno-Perez MC, Gordon C, Sotereanos GC. Tuberculous granuloma and adenoid cystic carcinoma presenting as a single buccal space mass. J Craniofac Surg 2002; 13: 533–37.
8. Bishara J, Calderon S, Okon E, Shevach I, Maimon S, Pitlik S. Coexisting extrapulmonary tuberculosis and malignancy. Am J Med 1998; 105: 443–46.
9. Gal G, Kaplan I, Calderon S, Carlson ER. Large perimandibular swelling. J Oral Maxillofac Surg 1997; 55: 1134–43.
10. Scollard DM, Adams LB, Gillis TP, Krahenbuhl JL, Truman RW, Williams DL. The continuing challenges of leprosy. Clin Microbiol Rev. Apr 2006;19(2):338-81.
11. Lanuzzi MC, Fontana JR. Sarcoidosis: Clinical Presentation, Immunopathogenesis, and Therapeutics. JAMA. 2011; 305: 391-99.

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