

Giant Tongue Hemangioma - A Rare Case Report

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Abstract:

In various industries, the importance and evolution of process safety leadership and culture have been stressed by several studies. Nevertheless, the palm oil milling industry remains an understudied domain. This paper undertakes a critical review of the most recent developments in the palm oil milling process and unit operations that trigger concerns about process safety to leaders in the palm oil milling industry with guidelines about the requisite process safety leadership and culture to be understood with a view to enhancing safety outcomes. In addition, the paper explores the principle of 3C for explicating constant accidents along with the four-level safety culture in the palm oil milling industry. To do so, the author presents case studies of two Malaysian key palm oil companies.

Key words: tongue hemangioma; AV malformation of tongue; vascular malformation of tongue

Introduction

25/f came to surgery opd with complaints of swelling over tongue for 2 years. The swelling was painless and static in nature. Patient had no other complaints.

On examination: swelling of size 4 x 3 cm present over dorsal and lateral aspect of right side of anterior 2/3 rd. part of tongue. Swelling is firm, non-tender, non-mobile with well-defined margins.

Radiological investigation:

USG tongue - a heterogeneous lesion of size 2.5 x 2.1 x 1.5 cm present over tongue. Lesion shows vascularity on color doppler suggestive of hemangioma of tongue MRI oral cavity (plain + contrast) - a well-defined lesion of size 2.7 x 1.9 x 2.5 cm appearing isodense to the muscle and hyperdense in T2W1 and STIR is noted involving the body of tongue on anterior and lateral aspect on right side.

It involves the intrinsic muscles of tongue; it involves ant part of genioglossus and hog loss us on right side This lesion shows homogeneous enhancement on contrast Suggestive of benign neoplastic etiology like hemangioma Surgical treatment

- A nasotracheal intubation was performed.
- The surgical procedure was performed by means of a bipolar cautery with ultrasonic energy which had demonstrated to be a useful tool in surgical management of vascular malformations.

- Excision of hemangioma with primary repair of the floor of tongue was performed after stabilizing the lesion.
- The specimen was sent for histopathological confirmation.

Histopathology:

- Macroscopic: single irregular greyish black, firm to hard in consistency. On cut surface shows white and light brown area.
- Microscopic: section reveals stratified squamous epithelium. Skeletal muscle fibers appear

beneath it. Mature adipose tissue also seen suggestive of intramuscular hemangioma of tongue (A) - marked dilated with congested blood vessels.

(B) - Proliferation of small and large blood vessels with lobules of Capillary sized vascular channels lined by layer of flattened endothelial cells.

Discussion:

- The International Society for the Study of Vascular Anomalies (ISSVA) classification of 2014 divides the vascular anomalies between tumor lesions and vascular malformations. Hemangiomas (infantile, congenital, tufted, spindle-cell and

epithelioid) are benign tumors, unlike vascular malformations (capillary, lymphatic, venous, arteriovenous or combined) [1].

- Hemangioma is the tumor of the blood vessels. Hemangioma may mimic the oral cavity in a number of other lesions. Pyogenic granuloma, chronic inflammatory gingival hyperplasia, epulis granulomatosis, telangiectasia, angiosarcoma, squamous

cell carcinoma, and other vascular appearances, such as Sturge Weber Syndrome [2].

- Clinically, hemangioma is characterized by sessile or pedunculated soft, smooth or lobulated lesion, and can vary in any size from a small lesion as few mm to a large one up to several cm. The color of this lesion can be pink to red purple which

blanches on applying pressure. The hemorrhage can occur either spontaneously or sometimes after minor trauma and is usually painless [4].

- Management of hemangioma include surgery, corticosteroids, radiotherapy, electrocauterization, cryosurgery, laser, embolization, radiofrequency, and interferons. Total excision is difficult and high chances of recurrences are seen.

Corticosteroids should be applied only in selected cases due to systemic side effects. Radiotherapy regresses hemangiomas, but causes severe atrophy of tissue [4].

The current classification of hemangioma and vascular malformations:

- Hemangiomas Superficial (capillary hemangioma). Deep (cavernous hemangioma)

Compound (capillary cavernous hemangioma).

- Vascular malformations Simple lesions Low-flow lesions.
 - Capillary malformation (capillary hemangioma, port-wine stain).
 - Venous malformation (cavernous hemangioma).
 - Lymphatic malformation (lymphangioma, cystic hygroma).
- High-flow lesions. - Arterial malformation.
- Combined lesions Arteriovenous malformations Lymph venous malformations [6].

The natural history of the hemangioma is also influenced by the type, site, and age of onset. It typically initiates as a small area of discoloration that progress to a patch with age-dependent proportional growth with increasing grades of morbidity. Treatment goal would be to restore the anatomical continuity and physiological function [5].

Majority of the tongue hemangioma are associated with macroglossia, in our case report the 25/f had a solitary static swelling over tongue without macroglossia. With complete surgical excision and primary closure patient had mobility of tongue and had no problem with production of speech thus making this a rare presentation in all tongue hemangiomas.

Conclusion:

- Giant hemangioma of tongue is a rare AV malformation involving the head and neck.
- Surgical removal with primary repair of floor of tongue can be the treatment for giant tongue hemangioma. Nevertheless, surgery on vascular lesions of tongue may be difficult due to massive intraoperative bleeding and airways compromise.
- Surgical outcomes are more predictable than medical outcomes in such case.

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