

ORAL HEMANGIOMA – APPROACH OF A CLINICAL CASE AND TREATMENT

NARRIMAM JACIÊ FERREIRA¹, WASHINGTON RODRIGUES CAMARGO^{2*}

1. Undergraduate student of Dentistry, Faculty Ingá; 2. DDS, PhD by the Faculty of Dentistry of Bauru, University of São Paulo, Professor of Bachelor Degree Dentistry, Faculty INGA.

* Morangueira Avenue, 6104, Maringá, Paraná, Brazil. ZIP CODE: 87035-510. prof.washingtoncamargo@uninga.edu.br

Received: 09/05/2015. Accepted: 09/14/2015

ABSTRACT

The hemangioma is a benign neoplasia, with accented proliferation of blood vessels reflecting on their clinical characteristics, revealing a volumetric increase of blue-purple color. It is noteworthy, in dental practice, the treatment of this pathological process with ethanolamine oleate 5 % and distilled water in the ratio 1:3, being applied 0,3ml in the lesion with a surgical maneuver of scleroderma, every fifteen days, for twelve sessions. Each application was observed a remarkable gradual regression, on the amount applied, with total remission of hemangioma at 12 drug application.

KEYWORDS: Hemangioma, vascular injury, scleroderma, ethanolamineoleate.

1. INTRODUCTION

Hemangioma is a lesion where there is a moderate to intense proliferation of blood vessels characterizing benign neoplasms¹, considering that this pathological process endothelium retains its original shape and does not assume a biological role for uncontrolled growth^{2,3}.

Clinically, can present with red color, reddish purple and blue-red^{2,4} and these are their most typical feature. Variable mode can be a lesion at the level of the tissue as well as in the form of a tissue growth assuming a liquid collection², both aspects may have jagged edges and variable extensions^{3,4} and are located anywhere in the body³, and may also be associated lymphatic vessels where they will have a demonstration lymphohistiocytic hemangioma⁵.

The prognosis is usually favorable to the patient, but depending on the extent and location can result in copious bleeding^{6,7,8,9}, physical defects and even death^{10,11,12,13}.

This lesion has been framed more markedly in women^{7,14,15} in Caucasians^{1,7,14} and in childhood and may be continued in the wake of years it may change its size^{2,11}.

The approach of this clinical case, it emphasizes the

existence of the hemangioma and its position in the dental practice; also the actual existence of a favorable prognosis using scleroderma maneuver with the drug monoethanolamine oleate 5%.

2. CASE REPORT

Patients, female, 33, leucoderma, married, clerk, living in a city in the northwest of the state of Paraná; she was admitted to the Dental Clinic of the Faculty Inga being sent for stomatologic evaluation due to its complaint.

In anamnesis it was learned of his complaint, "*It bugs me for 21 years*". For aesthetic, social issues and for fear of causing any injury during chewing looked for the resolution of their problem this time, not finding treatment with healthcare professionals. The patient attributed the lesion to a volleyball game where the ball hit his mouth at age 12, appeared and was growing gradually coming in the reported extensions. Blood pressure measurement was 110/60 mmHg, and historical survey of health and family, there was no information relevant.



Figure 1. Location of hemangioma.

In the clinical examination, the lesion showed a volume increase, in the lower right lip considering the middle line, extended a third of the lip to the corner of

the mouth towards the gutter area to the second premolar lower right, about: 2.5 x 1.5 x 0.75 cm, in its greatest clinical dimensions of bluish purple color, with defined boundaries and flaccid consistency (Figure 1).

After the clinical examination and made vitro pressure to follow a protocol for pigment source of lesion, and considering the signs almost pathognomonic, was diagnosed lesions compatible with hemangioma.

For treatment, it was decided to scleroderma with the sclerosing agent monoethanolamine oleate 5%, as ethamolin[®] commercially found in vials of 2 mL (Figure 2).



Figure 2. Material used in scleroderma.

After laboratory tests, panoramic radiography, blood count, blood sugar and coagulation did not require surgery following the following protocol: antisepsis of the operative field with PVP-I aqueous solution, anesthesia terminal infiltrative perilesional in a slightly deep tissue plan, with mepivacaine (hydrochloride of mepivacaine with epinephrine) using short needle. Association ethamolin[®] 1 mL and 3 mL distilled water in a metal tank with a 1 ml insulin syringe to aspirate 1.0 mL of the drug dilution, and the same was applied 0.3 mL at the center and the ends of lesion quadrants. It became careful to perform the injection of the solution at a deeper level, avoiding possible necrosis if applied superficially^{6,8,16,17}. During the procedure it was noted minor bleeding, which was stalled easily under light pressure with gauze.

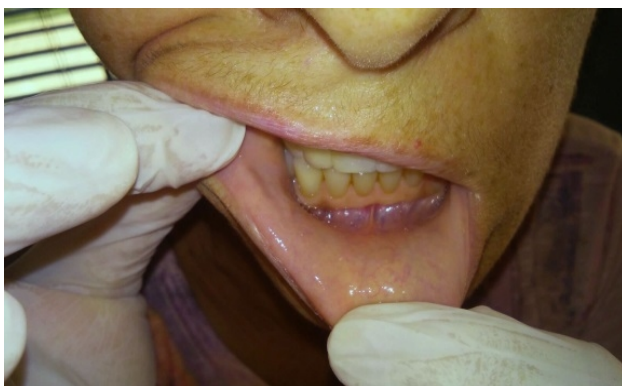


Figure 3. Resolution of the hemangioma.

The patient reported no discomfort. Had been informed that in the postoperative period could have painful symptoms, being prescribed nimesulide 100 mg, 1 tablet of 12/12 hours.

Twelve applications were performed, always one with intervals of fifteen days. In any session there was pain or burning in the trans and postoperative, contradicting other reports^{8,9,16,17,18}.

At every return, there was a noticeable regression gradually on the amount applied, with total remission of hemangioma with 12th applying the product (Figure 3), aesthetic and functional results satisfactory.

3. DISCUSSION

The hemangioma is more particularly considered when the patient commits its aesthetics. 16,18,19,20. In this case it added to discomfort for fear of chewing suffer trauma and even the patient's report was the fear of playing with their children and the same to injure due to any shock by contact.

The patient attaches the beginning of the hemangioma to the trauma suffered while playing volleyball. However, one should consider that the shock could have exacerbated the evolution of the lesion; it could already have it located on the labial mucosa into the gutter area. This place, which would run from casual viewing.

It became careful in using the resource diascopy to rule out an injury caused by blackish pigmentation because it could be an injury to pigment source along with hemangioma^{11,21,22,23,24}.

Due its vascular origin, 1.22 surrounded himself with care in relation to laboratory tests: coagulogram, bleeding time (1:41 min: sec); clotting time (6:50 min: sec); tourniquet test (negative); clot retraction (retractable); platelet aggregation time (PAT), whose examination of the patient was 13.3 seconds; prothrombin activity (100.00%); patient relationship/ control (1.07); thromboplastin time - KPTT, patient time (28.5 seconds); relation (0.83); and platelets (225,000 / mm³).

The application of ethanolamine oleate 5% even when applying only 0.3 mL was used for diluting a liquid amount of 4 mL, the proportion 1:3 mL of the drug and distilled water^{25,26}, 1.0 mL was aspirated and this maneuver being to facilitate the handling of the application of 0.3 mL with a insulin syringe. The volume used in the application proved to be enough for the regression of the lesion treated, 2.5 x 1.5 x 0.75 cm. In hemangiomas^{6,21,26} with larger extensions, it is possible not feasible the application of the sclerosing agent ethamolin therefore have to be used larger amounts of the drug, leading to a consequent toxicity²⁷.

What was reasoned on the hemangioma's predilection regarding the extent and location of the tumor^{3,4,6,26}, sex^{7,14,15,2,11}, age, ethnicity^{1,7,14}, its complications^{6, 7,8,10,11}, their prognosis and treatment^{6,17,26,28} is corroborated with

the literature.

4. CONCLUSION

In a careful analysis it can be concluded need of treatment of patients with oral hemangioma, especially lips, due to aesthetic reasons and for prevention of injuries in the future regions in which is located.

Noteworthy is the fact that the patient stay for two decades in seeking treatment and without its realization, which leads to deduce the non-valuation of dental surgeons in the diagnosis and treatment of hemangiomas.

Emphasize the existing simple operation in treatment with the chemical scleroderma as well as the effectiveness of the results in curing the tumor, always taking precautions to avoid over-application of the drug because of toxicity, do not use in pregnant by the teratogenic effect and for obvious reasons, the bearer of blood dyscrasias. The pre, intra and post-operative has been shown always satisfactory, both when considering the surgeon to maneuver the patient's receptiveness.

As a treatment option worth to make use of ethanolamine oleate 5% to surgical excision, due to location and size of the tumor, which could result in a scar defect in addition to increased bleeding risk, although not commercialized so routine in pharmacies.

REFERENCES

- [01] Neville BW, Damm DD, Allen CM, Bouquot JE. Tumores dos tecidos moles. In: Patologia oral e maxilofacial. 3^o edição. Rio de Janeiro: Guanabara Koogan. 2002; 419-47.
- [02] Robins SL, Cotran RS. Patologia – Bases Patológicas das Doenças. 2^o edição. 2010
- [03] Rubin E, Gorstein F, Rubin R, Schwarting R, Strayer D. Patologia, bases clinico patológicas da medicina. Rio de Janeiro: Guanabara Koogan, 4^o edição. 2006.
- [04] Regezi JA, SciubbaJJ. Leões vermelho azuis. In: Patologia bucal: correlações clinicopatológicas. Rio de Janeiro: Guanabara Koogan, 3^o edição. 2000.
- [05] Regezi JA, Sciubba JJ, Porgrel MA. Atlas de patologia oral e maxilofacial. Rio de Janeiro: Guanabara Koogan, 1^o edição. 2002.
- [06] Wang L, Oliveira DT, Consolaro A, Perez F. Tratamento de Hemangioma Bucal com Agente Esclerosante. ROBRAC. 1998; 7(24):20-22.
- [07] Corrêa PH, Caldeira Nunes LC, Rodrigues Johann ACB, Ferreira de Aguiar MC, Gomez RS, Mesquita RA. Prevalence of oral hemangioma, vascular malformation and varix in a Brazilian population. Braz Oral Res. 2007; 21:40-5
- [08] Zanettini I, Zanettini RM, Gollo G. Escleroterapia como alternativa de tratamento de lesões vasculares bucais. Clin Pesq Odontol, 2005; 2(2):119-26.
- [09] Johann ACBR, Aguiar MCF, Carmo MAVdo, Gomez RS, Castro WH, Mesquita RA. Sclerotherapy of benign oral vascular lesion with ethanolamine oleate: an open clinical Trial with 30 lesions. Oral surf Oral Med Oral Pathol Oral Radiol Endod. 2005; 100(5):579-84.
- [10] Korkes KL, Gabriele MM, Garrafa RC, Amorim VA, Ribeiro MA, Aranzana EMC, Ferreira FG, Szutan LA. Hemangioma Gigante: Relato de caso. ArqMedHosp-FacCiencMed Santa Casa São Paulo. 2012; 57(2):88-91.
- [11] Gampper TJ, Morgan RF. Vascular anomalies: Hemangiomas. Plast Reconstr Surg. 2002; 110:572-88.
- [12] Serra MAS, Soares FMG, Júnior Cunha AG, Costa IMC. Abordagem Terapêutica dos Hemangiomas Cutâneos na Infância. An Bras Dermatol. 2010; 85(3):307-17 Apud: Wananukul S, Chatproedprai S. Ulcerated hemangiomas: clinical features and management. J Med Assoc Thai. 2002; 85:1220-5.
- [13] Balau AJ, Nadai LC, Bressan M.S, Simão JL. Tratamento de hemangioma gigante com interferon alfa: relato de dois casos. Revis Bras Hematol Hemoter. 2007; 29(4):406-11.
- [14] Selim H, Selim A, Khachemoune A, Metwally SA. Use of sclerosing agent in the management of oral and perioral hemangiomas: Review and case reports. Med Sci Monit. 2007; 13:CS114-9.
- [15] Chinen A, Martins RH, Santos GG, Souza A, Marcucci G. Hemangioma: aspectos clínicos, diagnóstico e terapêutica de 235 casos. Rev Odontol UNICID. 1996; 8(1):43-9.
- [16] Ribas MO, Laranjeira J, Sousa MH. Hemangioma Bucal: Escleroterapia com oleato de etanolamina. Revisão da literatura e apresentação de caso. Rev de Clin Pesq Odontol. 2004; 1(2).
- [17] Palacios CJ, Herrera CP, Lugo MV. La escleroterapia como una alternativa en el tratamiento de los hemangiomas de los tejidos blandos de la cavidade bucal. Acta Odontol Venez. 2000; 38(2):4-8.
- [18] Rocha AC, Pedron IC, Zambon CE, Utumi ER, Seo J. Escleroterapia de hemangioma labial. Rev Odonto, v.17, n. 34, jul/dez. 2009. Apud: Sadeghi E, Gingrass D. Oral hemangioma treated with a sclerosing agent. Int J Oral Maxillofac Surg. 1989; 18(5):262-3.
- [19] Cruz FLG, Carvalho RF, Carvalho MF, Sales LAR, Devito KL. Diagnóstico diferencial de hemangioma por meio da vitropressão. Rev Gaúcha Odontol. 2011; 59(1):125-9.
- [20] Camargo WR, Almeida AC. Hemangioma bucal-Tratamento preconizados. Braz J Surg Clin Res. 2014; 8(2):59-61.
- [21] Jaeger F, Alvarenga RL, Galizes BF, Girardi GP, Alvarenga GL, Leal RM. Escleroterapia com oleato de etanolamina a 5% em hemangioma oral: relato de caso clínico. Rev Port Estomatol Med Dent Cir Maxilofac. 2013; 54(2):91-4.
- [22] Boraks S. Diagnóstico Bucal. 3ed. São Paulo: Artes Médicas. 2001.
- [23] Rocha LB, Pádua JM, Martins RH, Lia RCC. Hemangioma da cavidade bucal. RGO 2000; 48:150-152. Apud: Levin LS, Johns ME. Lesions of the oral mucous membranes. Otolaryngol. Clin. North. Am. 1986; 19(1):87-102.
- [24] Gómez Oliveira G, García Rozado A, Luaces Rey R. Intraosseous mandibular hemangioma. A case report and review of the literature. Med Oral Patol Oral Cir Bucal. 2008; 13(8):E496-8.

- [25] Kunh-Dall' Magro A, Farenzena KP, Blum D, Vicari T, Pauletti R, Maldaner G. O uso do oleato de etanolamina na escleroterapia de lesões vasculares da região maxilo-facial: revisão de literatura e relatos de casos. RFO, Passo Fundo. 1989; 17(1):78-85. 2012. In: Tommasi af. Diagnostico em Patologia Bucal. 2ed. São Paulo: Pancat; 198; 294-5
- [26] Mandú ALC, Lira CRS, Barbosa LM, Silva VCR, Cardoso AJO. Escletoterapia de hemangio: Relato de caso. RevCirTraumatol Buco-Maxilo-fac, Camaragibe. 2013; 13(1):71-6.
- [27] Costa Filho JZ, Carlos Alfredo Isidoro Sampaio dos Santos CAIS, Costa MC, Costa PGC, Nobre SMW. Oleato de etanolamina 5% como opção ao tratamento cirúrgico dos hemangiomas orais: relato de caso. Rev Cir TraumatolBuco-Maxilo-Fac, Camaragibe v.11, n.4, p. 31-36, out./dez. 2011 Apud: Hashizume M, Kitano S, Yamaga H, Sugimachi K. Haptoglobin to protect against renal damage from ethanolamine oleatesclerosant. Lancet 1988; 6:340-1.
- [28] Van Doorne L, DeMaeseneerM, Stricker C, Vanrensberg R, StrickerM. Diagnosis and treatment of vascular lesions of the lip. Br J Oral Maxillofac Surg. 2002; 40(6):497-503.