CAVERNOUS HEMANGIOMA OF THE UVULA – A CASE REPORT

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ABSTRACT

Oral hemangiomas are probably of developmental origin and many of these lesions are present at birth or appear soon after. Often they regress in size and disappear after few years of life. Sometimes they persist and produce symptoms in adulthood. We present two cases of hemangioma involving the uvula, who presented with persistent cough and occasional episodes of bleeding from the oral cavity due to the abnormal length of the uvula. The different types of hemangioma of the head and neck, their incidence and the histopathological features are discussed in this case report.

Keywords: *Cavernous hemangioma, uvula, chronic cough*

INTRODUCTION

Chronic persistent cough hampers a person's quality of life. There are various causes for cough which includes both systemic as well as local conditions. Hemangiomas of the oral cavity are quite rare conditions with a prevalence rate of less than 1% and involvement of the uvula in hemangiomas have been reported only once so far in literature. We report 2 such cases of uvular hemangioma in adults causing chronic persistent cough.

Case 1

A 54yr old lady presented with complaints of persistent cough and foreign body sensation in the throat of 10yrs duration and spitting of blood stained saliva since 2weeks.

On examination, the uvula was elongated, about 4cm long and was lying on the anterior 2/3 of the tongue (Fig. 1). The tip of the uvula was expanded and had a dark bluish discoloration. The ear, nose and throat examination was normal.

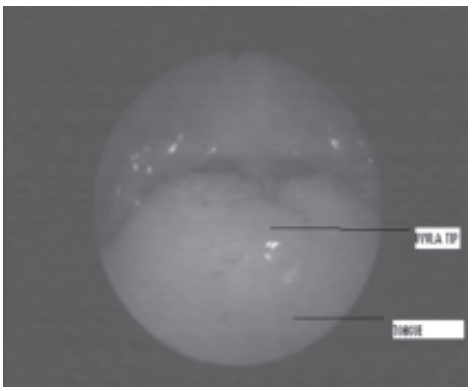

Fig. 1 : Elongated Uvula In Situ

Patient had no other co-morbid conditions and a physician's opinion found no evidence of pulmonary cause for cough. Investigations such as haemogram, ESR, Absolute eosinophil count, Mantoux test, Chest Xray and ECG were done to rule out systemic causes for persistent cough. All investigations were within normal limits. Since the patient was troubled by persistent cough and throat irritation, she was advised excision biopsy of uvula under local anesthesia. The elongated part of the uvula was clamped with an artery forceps and excised (Fig. 2). The mucosal edges were sutured and haemostasis was achieved. Histopathological examination showed features suggestive of cavernous hemangioma (Fig. 3).

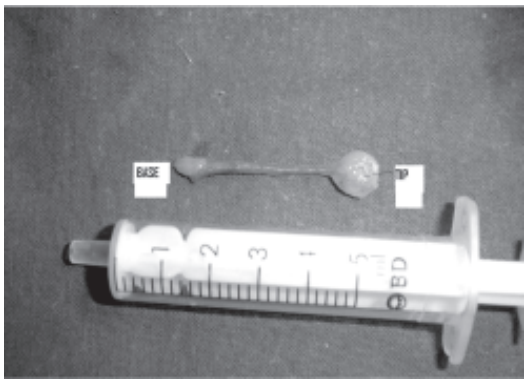

Fig. 2 : Uvula Resected Specimen

Fig. 3 : Photomicrograph Showing Cavernous Hemangioma

CASE 2

A 24yr old male presented with chronic cough and foreign body sensation in the throat of 1year duration. All the relevant investigations were also done in this case and physician's opinion ruled out systemic causes of chronic cough.

On examination, an elongated uvula about 2.5cms was seen extending up to the vallecula. No other co-morbid

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conditions were noted. The patient underwent excision biopsy of uvula under local anesthesia .The uvula was grasped with forceps and electro-cautery was used to excise the uvula. Histopathological examination of the specimen showed features suggestive of cavernous hemangioma.

On follow up, both these patients are asymptomatic and have been relieved of the nagging dry cough. Excision biopsy under local anesthesia has been curative for both these patients.

DISCUSSION:

Haemangiomas are the most common benign tumors of vascular origin.[1] They are characterized by increased number of normal or abnormal vessels filled with blood. Majority are superficial lesions mostly of head and neck. Common in infancy and childhood, hemangiomas constitute7% of all benign tumors. Prevalence of hemangioma in the oral cavity is 8/1000 in males and 4/1000 in females. Most are present since birth and increases in size along with the growth of the individual. In 90 - 95% of patients the hemangiomas completely resolve by the time they are 9yrs of age. Oral hemangiomas tend to regress less than hemangiomas in other regions. There are several histological variants. They are cavernous, capillary and pyogenic granuloma (lobular capillary hemangioma).

The incidence of cavernous hemangioma of the head and neck is about 5% of the vascular malformations diagnosed by angiography and histologically verified. Commonly seen in 3rd to 5th decade of life, they are also seen in children and elderly patients. Cavernous hemangioma involving the uvula is an extremely rare entity. An extensive literature search was done including the Worldwideweb with Pubmed / Medline search engine which showed that only one such case has been reported and that too in a six month old child[2]. Histologically the mass is sharply defined, not encapsulated and made up of large cavernous spaces partly or completely filled with blood separated by scant connective tissue. Capillary hemangioma is common in skin and subcutaneous tissue and mucous membranes of oral cavity and lips. Histologically they are lobulated aggregates of closely packed thin walled capillaries and lined by flattened epithelium. Pyogenic granuloma is a polypoid form of capillary hemangioma.

Our patients were diagnosed to have cavernous hemangioma of the uvula. The word uvula is derived from the diminutive of *uva*, the Latin word for "grape", due to the uvula's grape-like shape. Histologically the uvula consists of three layers, the mucosa which is made up of non keratinized stratified squamous epithelium, submucosal layer consisting of mucosal glands, blood vessels and nerve endings, few taste buds and lymphoid follicles and deep to the submucosa, few fibres of musculus uvulae Histopathological examination of the two resected specimens showed squamous epithelium beneath which were numerous dilated vascular spaces with back-to-back arrangement and no intervening neural parenchyma suggestive of cavernous hemangioma.

The position of the uvula predisposes it to local trauma and hemorrhage more so when the uvula is longer than usual[3]. Complications of hemangioma in the oral cavity are ulceration and infection. There are various causes for persistent cough and this case report draws attention to a local cause, an elongated uvula, that has caused chronic persistent cough by constantly irritating the posterior pharyngeal wall and posterior 3rd of tongue[4].

CONCLUSION:

Patients with elongated uvula are diagnosed late because the presenting symptoms mimic common ailments and the patients are seen by general practitioners. Such patients need to be thoroughly evaluated to rule out systemic causes of recurrent cough. In the absence of systemic causes, an elongated uvula can be the cause of recurrent cough and excision of the uvula is curative. Histopathological examination of the specimen is a must as it may throw a surprise as in our case .The case is reported for the rarity of hemangioma involving the uvula.

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