

Case Report

Haemangioma left pinna with extensive, multiple skin ulcerations

SM Golam Rabbani¹, M Alamgir Chowdhury², Naseem Yasmeen³, Mousumi Malakar⁴

Abstract:

Hemangioma is a benign vascular tumours constitute 7% of all benign tumours arise from arterioles, venules & capillaries. It is deep red or blue-purple in colour, blench on pressure. Usually it is small & of no consequence is seen in isolation, but few may be multiple and /or part of a wider syndrome. It is prone to extenssive bleeding if wall is damaged. It is best treated with cryosurgery or laser or if so large then by ligation or embolization of the feeding vessels. Here we have encountered a case of haemangioma in the left pinna with extensive and multiple ulcerations of the skin, which is not so common site for development.

Key words: Hemangioma, pinna.

Introduction:

The word "haemangioma" comes from the greek word – haema means blood, angio means vessel & the suffix oma means tumour, as a result it is a blood vessel tumour. It is a tumour of infancy & most cases appear during the first days or weeks of life & resolve within the age of 10 years¹. If not resolved may present as malformations of endothelial lining cells of blood vessels. Presentation may be

different. If on skin surface it may be strawberry like, if just under skin it may be present as a bluish swelling even it may present as a flat red or pink area. According the researches of university of Arkansas maternal placenta may embolize to the fetal dermis, during gestational period and can result in formation of haemangioma^{2,3}. It usually not associated with complications. It may be problematic & ulcerates if surface is lacerated or severely staveded.

Case report:

A 20-year-old young male came to our hospital on January, 2010 with the complaint of a swelling in the upper part of left pinna for 3 years which was very slowly enlarging. The swelling mainly involving in the upper part of the medial and ateral surface of pinna bluish-black in colour about 5cmx 3cm in size with multiple ulcerations in the upper part of the lesion(fig:1). It was incised locally in village 1 month ago by surgery and bleeding became very difficult to control. After admission to our hospital we had decided to operete the case.

1. Registrar, Otolaryngology-Head & Neck Surgery, Medical College for Women & Hospital, Uttara, Dhaka
2. Professor and Head, Otolaryngology-Head & Neck Surgery, Medical College for Women & Hospital, Uttara, Dhaka
3. Assistant Professor, Otolaryngology-Head & Neck Surgery, Medical College for Women & Hospital, Uttara, Dhaka
4. Medical Officer, Otolaryngology-Head & Neck Surgery, Medical College for Women & Hospital, Uttara, Dhaka

Address of correspondence: Dr. SM Golam Rabbani, Registrar, Otolaryngology-Head & Neck Surgery, Medical College for Women & Hospital, Uttara, Dhaka



Fig-1: Pre operative photograph of haemangioma left pinna with extensive and multiple skin ulcerations.



Fig-2: Post operative photograph of that patient with acceptable shape of the left pinna.

At the initial stage of surgery we aspirate and blood comes out from the lesion. Then we opened the pinna and found skin was involved and most of the involved part was necrosed. We excised the involved part of skin, subcutaneous tissue and preserving cartilage as much as possible(fig:2).The proper haemostasis was secured and wound was closed and specimen was sent for histopatholgy. Post operatively the shape of the pinna was acceptable.

Histopathological sections shown benign tumour composed of proliferating blood

vessels heavily infiltrate with inflammatory cells containing numerous eosinophils. Surface ulceration and presence of epidermal inclusion cysts are also seen and the features consistent with haemangioma.

Discussion:

Haemangiomas are common lesions of face, nose, throat, ear, neck, liver and most often seen to involve the lips, tongue and buccal mucosa. They are classified into three basic types, capillary haemangioma, cavernous haemangioma and arterial or plexiform haemangioma. Before considering the haemangioma, it is important to understand that there have been changes in the terminology used to define, describe and categorise vascular anomalies. The term haemangioma was originally used to describe any vascular tumour like structure, where it was present at or around birth or appeared in later life.

Mulliken et al. categorized the conditions into two families, a family of self involuting tumours growing lesions that eventually disappear and another family of malformations (enlarged or abnormal vessels present at birth and essentially permanent) The importance of this distinction is that it makes possible for early in-life differentiation between lesions that will resolve versus that are permanent³.

Haemangiomas are the most common childhood tumour, but in our case report the age of the patient was 20 years. Females are there to five times more likely to have haemangiomas than male but our patient is male. They are also common in twin pregnancies. Approximately 80% are located on the face and neck, with next most prevalent location being the liver^{4,5}.

Hemangioma in the pinna is a rare condition. Hemangioma in the middle ear are found. They develop at a number of site, in the temporal bone with the geniculate ganglion

being the most common. Usually they present with conductive deafness. Some haemangiomas may regress spontaneously while others continue to grow and are locally destructive. Hemangioma in the pinna usually are not associated with complications, until cartilage in it may break down on the surface (ulcerated).

The most frequent complaints about haemangioma, however, stem from psychosocial complications, the condition can affect a person's appearance and can provoke attention and malicious reaction from others. The potential for psychological injury develops from school age onwards. It is therefore important to consider treatment prior to school if adequate spontaneous improvement has not occurred.

Most haemangiomas disappear without treatment, leaving minimal or no visible marks. Large haemangiomas can leave visible skin changes secondary to severe stretching of the skin or damage to surface texture. When haemangiomas interfere with hearing, vision, breathing or threaten significant cosmetic injury, they are usually treated^{6,7}.

Up until recently, the mainstay of treatment was oral corticosteroid therapy. Beta blocker treatment using agents such as propranolol is revolutionising therapy, producing impressive responses. A publication in the international literature in June 2008 first suggested that propranolol (a Beta blocker) could be used to treat severe haemangioma⁸. This treatment is proving superior to corticosteroids, in terms of both effectiveness and safety. Surgical removal is sometimes indicated, particularly if there has been delay in commencing treatment and structural changes have become irreversible. Surgery also may be required to correct distortion of appearance, again in the case of inadequate or failed early medical intervention. Our case was excellent after surgery.

References:

1. Haggstrom AN, Drolet BA, Baselga E, et al. Prospective study of infantile hemangiomas: clinical characteristics predicting complications and treatment *Pediatrics* 2006; 118 (3): 882 -7.
2. North PE, Waner M, Brodsky MC. "Are infantile hemangiomas of placental origin?" *Ophthalmology* 2002; 109 (4): 633 -4.
3. Mulliken JB, Glowacki J. "Hemangiomas and vascular malformations in infants and children: a classification based on endothelial characteristics". *Plast Reconstr Surg* 1982; 69 (3): 412 – 22.
4. Branes CM, Huang S, Kaipainen A, et al. "Evidence by molecular profiling for a placental origin of infantile hemangioma" *Proc Natl Acad Sci U.S.A* 2005; 102 (52): 19097 – 102.
5. Kleinman ME, Greives MR, Churgins SS, et al. "Hypoxia-induced mediators of stem/progenitor cell trafficking are increased in children with hemangioma". *Arterioscler. Thromb Vasc Biol* 2007; 27(12): 2664-20.
6. Pittman KM, Losken HW, Kleinman ME, et al. "No evidence for maternal –fetal microchimerism in infantile hemangioma: a molecular genetic investigation" *J Invest Dermatol* 2006; 126 (11): 2533 -8.
7. Heyer GL, Dowling MM, Licht DJ, et al. "The cerebral vasculopathy of PHACES syndrome". *Stroke* 2008; 39 (2): 308 -16.
8. Leaute-Labreze C et al. "Propranolol for severe hemangiomas of infancy". *New England Journal of Medicine* 2008; 358 (24): 2649- 2651.