DİLDE DEV KAVERNÖZ HEMANGİOM

A GIANT CAVERNOUS HEMANGIOMA ON THE TONGUE

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Özet

Hemangiomlar yenidoğanda en sık göülen tümörlerdir. Kavernöz hemangiom konjenital olup lokal veya sistemik problemler nedeniyle cerrahi tedavisi gerekebilir.

Anahtar kelimeler: *Dev kavernöz hemangiom, Dil*

Summary

Hemangioma is the most common tumor of infancy. The cavernous hemangioma has a congenital presentation. Surgery may be necessary because of significant local or systemic problems.

Key words: *Giant cavernous hemangioma, Tongue.*

Figure 1. *Preoperative Full Wiev*

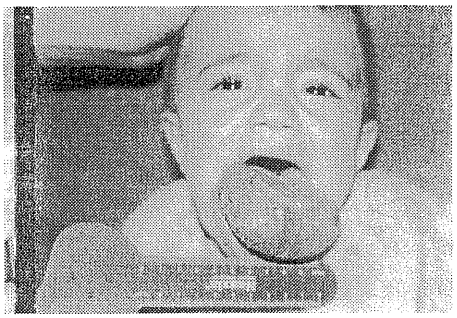
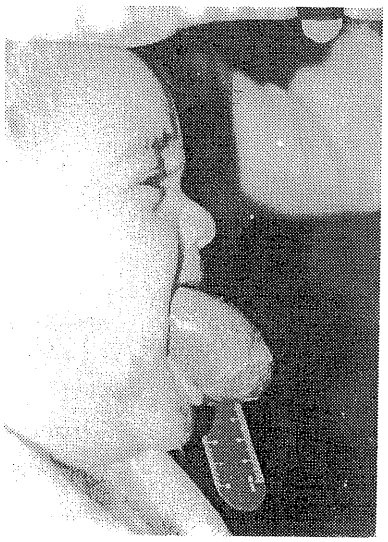


Figure 2. *Preoperative Right Profile Wiev*



Introduction

The cavernous hemangioma has a congenital tumour. This type of tumour is located in subcutaneous tissues and presents as a soft, deep blue cystic, diffuse swelling and frequently located in the head and neck. It involves a more mature endothelial cell organisation and it's growth and development are more subtle than those of the strawberry hemangiomas (1). There is a tendency to appear like gigantism if the lesion involves specialized parts such as eyelids, nose or upper lip (2).Surgery may be necessary because of significant local or systemic problems (bleeding, vision or respiration disturbance, deglutition). It should be localized and confined to one area. Wide excision and replacement surgeries are not recommended because of increased morbidity. In general, use of steroid therapy and compression dressings are not effective in means of reducing the tumor bulk. Cryosurgery, laser, and radiation therapy remain controversial treatments for these deep lesions as they can cause unnecessary scarring and the morbidity associated with radiation exposure (1).

Case Report

A female infant was delivered at 36th week of gestation (birth weigth 2600g.). At first hemangioma was noticed on the perioral region and tongue while she was 3 months old which is progressively increased in size until the age of 7 months. Because of her low body weigth and progressive increase in size of hemangioma the treatment of interferon alpha-2a was instituted by daily subcutaneous injections of 2 X 1000.000 U / m2 / day. Which was correlated with literatures. After seven months of therapy, the hemangioma has not been regressed. Then we decided definitive surgery because of obstruction of oral way, infection, and bleeding.Under general anesthesia, wide excision was performed and no peroperative or postoperative complications have been seen. The function of tongue was found normal six months after the operation.

Discussion

Hemangioma is the most common tumor of infancy, occuring in 10 to 12 percent of whites (3) and in up to 22 percent of preterm babies weighing less than 1000 g. (4). Hemangioma has a female to male predominance of 3 to 1 (5). It is believed that there is at least a 60 to 70 percent change of regression with this lesions by the age of 8 to 12 years (2).Therapies used are cryotherapy, surgical excision, sclerosing agents, diathermy, embolisation and laser. All have a poor response rate and limited use for deep lesions. Radiotherapy is limited by the risk of damage to contiguous occular structures(6). The treatment of choice for sight - threatening lesions is systemic or

Figure 3. *Preoperative Radiographic Wiev*

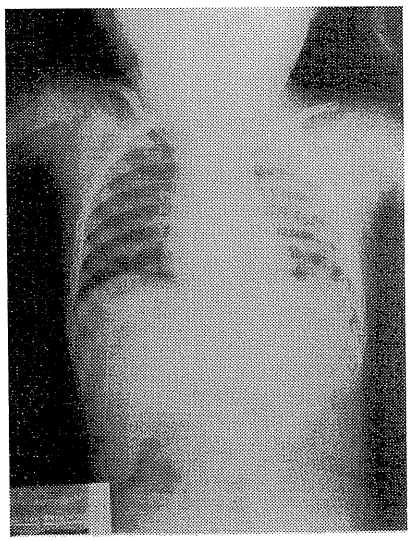
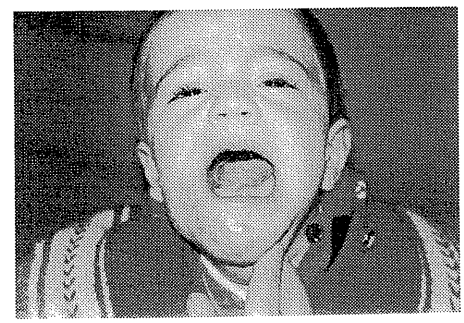


Figure 4. *Postoperative Face Wiev*

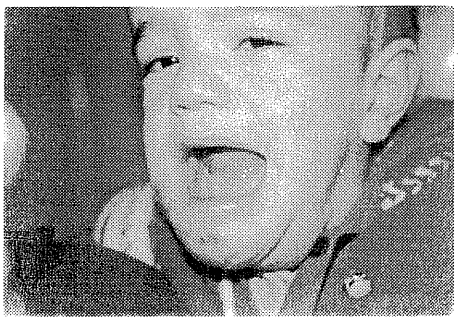


intralesional steroids. Response rates to systemic steroids have been reported 30 % and 90 %. However, the side effects are, especially T-cell supression and growth retardation, which limit their use in infant (7). Response rates to intralesional steroids have been reported between 45 % and 80 %, but have potential complications of local atrophy, intra-arterial injection precipitating central retinal artery occlusion and retrobulbar haemorrhage (8). The systemic complications also occur in the infant population following intralesional administration. Interferons (principally Interferon alpha-2a) are relatively new agents used in the treatment of infantile hemangiomas. Their mechanism of action is still speculative but they have been shown invitro to inhibit endothelial cell motility and proliferation (9). They have been proven to be effective agents in myeloproliferative and hemangiomatous disease (10). Interferon alpha has been shown to be an effective agent in life-threatening hemangiomatosis (11). Interferon alpha 2a and 2b are promising agents in the treatment of infantile hemangioma. Their role in the management of sight-threatening lesions has not been defined, but in view of the complications of conventional corticosteroid therapy in the infant population it should be considered as a first -line agent (12). The management program for cavernous hemangiomas in newborns, remains parental support and attentive observation. Emergencies arising from severe or reccurent bleeding, ulceration, infection, pain (associated with a phlebolith in sinusoids), intraluminal obstruction (glottis, mount, perineum), visual disturbance, and bleeding due to thrombocytopenia are uncommon. Because of significant numbers of cavernous hemangiomas undergo some reduction of size with age, conservative treatment is recommended to eliminate scarring that might otherwise be created by surgical intervention (1).

Although the case had intraluminal obstruction, we didn't decide to perform operation until the age of 10 months. Because her general status was not appropriate for surgery. During this time, she treated with interferon alpha -2a. We evaluated that the hemangioma has not been regressed by interferon alpha-2a therapy. We performed surgery because of progressive increase in size of hemangioma, feeding problems, and poor general status of patients.

The function of tongue and her general status became normal 6 months after the operation. As a result; our opinion is that eventhough intraluminal obstruction is an emergency state if general status of a patient is appropriate, surgery can be delayd until the age of 1 year.

Figure 5. *Postoperative Oblique Profile Wiev*



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