

LARGE INTRAORAL MAXILLARY HAEMANGIOMA IN A NEWLY BORN INFANT

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PRESENTATION OF CASE

Intraoral Haemangioma in newly born infants is rare worldwide. Here we report a new case of a large haemangioma mass extruding outside the oral cavity, present at the time of natural child birth, in January 2016, at Al-Zahraa University Hospital in Egypt. A new born female infant had a large lesion bulging from the oral cavity. It was soft sessile, filling the whole mouth of the baby and disturbing normal sucking and feeding process. The obstetrician immediately requested a consultation with an oral and maxillofacial surgeon.

History of the mother's pregnancy was normal without any abnormal symptoms. Even the routine ultrasound examination during pregnancy didn't indicate the presence of this lesion. In the present description, we report the first case of this condition which is not seen in our institute before.

On clinical examination of this case, the lesion was 3.2 cm in diameter and was soft with non-ulcerated thin covering mucosa. It was mobile not fixed and 'no any other abnormalities were detected on the physical examination of the patient (Fig. 1). Upper lip soft tissue examination by superficial probe revealed a well-circumscribed, bear shaped, thin-walled, solid, and soft tissue lesion with homogenous iso- to hypo- echoic echotexture. It is measuring about 33 x 13 mm in AP & craniocaudal diameters. It showed minimal colour filing on Doppler examination. It shows no sonographic evidence of calcification, septation or cystic changes inside. No evidence of deep tissue invasion.

DIFFERENTIAL DIAGNOSIS

Intraoral newborn lesions are rare conditions especially if it is large in size. Soft tissue swelling in the newly born infants has low incidence among our population, although various single or/and multiple lesions had been reported in other populations as congenital epulis of the newborn or congenital teratoma.

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The female neonate is most likely to have a higher prevalence rate of these conditions such as melanotic neuroectodermal tumour of infancy or vascular malformations and haemangiomas.^(1,2,3,4)

Moreover, diagnosis is difficult clinically. Differential diagnosis may include other diseases as alveolar cyst of the newborn,⁽⁵⁾ mucous extravasation lesions⁽⁶⁾ and other developmental oro-antral lesions. In addition, fungal, viral and bacterial lesions have also been reported.⁽⁷⁾

Clinical finding of this case study suggested soft tissue lesion with a vascular element, apparently of benign nature, and so further correlation and evaluation after the decision of complete excisional biopsy was done.

Although, Haemangioma in newborns had been reported in various parts of the body as gastric, bladder, intracranial, pulmonary, cardio-atrial, umbilical cord, hepatic, cutaneous, retino-cavernous, and scalp haemangioma. Moreover, in the maxillofacial region it has been reported in zygoma, lip and lingual regions.^(1,3,5,8,9)

PATHOLOGICAL DISCUSSION

Cytopathological report of the FNAB of the swelling protruded from the upper jaw- Microscopically, cytological examination of the aspirated smears revealed the presence of haemorrhagic smears with few endothelial cells. No inflammatory or neoplastic cells could be detected. Negative for malignancy. On histopathological examination capillary haemangioma was confirmed.

Infantile Haemangioma is a rapidly growing benign vascular tumour in which one third or approximately 30% of the tumour is present at birth. Capillary haemangioma is a slow flow vascular lesion which usually doesn't cause underneath bone destruction.^(1,2)

Incidence rate of infantile haemangioma ranges between 4% to 10% and increases in association with other congenital deformities or other birth defects.^(2,3) It occurs 2.4 times more in females than male infants and 60% of this anomaly occurred in the maxillofacial region.⁽²⁾

DISCUSSION OF MANAGEMENT

Management of newly born haemangioma involved a wide range of treatment options starting from observation for spontaneous regression of the lesion and conservative propranolol treatment to surgical intervention with either conventional resection or with adjunctive laser therapy.^(7,10)

Immediately, the decision was taken to remove the lesion entirely under local anaesthesia, after performing full clinical

examination, ultrasound, fine needle aspiration biopsy, (Fig. 2) and obtaining the consent of the patient's parents.

Haemostasis was obtained and resorbable suturing (4-0 Vicryl) was secured on the bed site. The family was given instructions and follow up scheduled every month for the first 2 years.

Rapid surgical excision was mandatory in the present case as it was causing obstruction to the oral cavity, unlike in other vascular malformation anomalies which require more aggressive excision with safety bony margin to avoid recurrence.⁽¹¹⁾ Follow up of this case was uneventful and no recurrence was detected.

FINAL DIAGNOSIS

Capillary Haemangioma



Figure 1. Clinical Photograph Showing the Presence of Large Soft Tissue Lesion Bulging Outside the Oral Cavity in a New Born Child



Figure 2. Photograph Showing Completely Surgically-Excised Mass

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