

Cavernous Hemangioma Uvula an interesting case report and review of literature

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Abstract:

Elongated uvula is mostly asymptomatic. In rare instances it may become symptomatic. This article discusses a patient who presented with intractable cough due to cavernous hemangioma involving uvula. Uvula in this patient was found to be in contact with the posterior portion of the tongue. This case is being presented for its rarity.

Introduction:

Mucosal hemangiomas are very rare. They are commonly seen in frequently traumatized areas like lips, buccal mucosa and lateral borders of tongue. Hemangioma involving uvula is rather rare and very few cases have been reported in literature.¹ Hemangiomas involving oral cavity are rather rare with prevalence rate of less than 1%. Hemangiomas are very common benign tumors characterized by increased number of normal and abnormal vessels filled with blood. Majority of these hemangiomas resolve spontaneously when the child reaches the age of 10. Oral cavity hemangiomas don't regress that easily.

Two types of hemangioma have been described histologically:

1. Capillary hemangioma: This tumor is not encapsulated and is made up of large cavernous spaces partly or completely filled with blood separated by scant connective tissue.
2. Cavernous hemangioma: Commonly seen in skin and subcutaneous tissues, oral cavity and lips. Histologically these tumors are lobulated aggregates of closely packed thin walled capillaries and lined by flattened epithelium.

This article discusses capillary hemangioma of uvula which according to published literature is a very rare entity. The word Uvula is derived from UVA, the Latin word for "grape" due to its grape like shape. Even trivial trauma can cause it to swell up.

Case Report:

30 years old male patient presented with complaints of cough – 6 months duration.

Patient underwent treatment with antibiotics and anitussives for the same and did not have any benefit.

On examination:

Oral cavity examination showed elongated uvula which was found to be in contact with tongue.



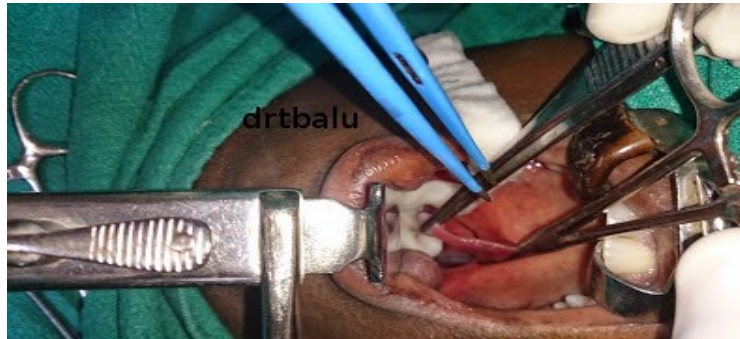
Clinical photograph showing elongated uvula

Uvula was found to be reddish with streaks of blood vessels.

Chest x-ray was normal.

Blood investigations were normal.

Patient was taken up for surgery under General anesthesia. Uvula was excised and perfect hemostasis was secured.



Photograph showing mass being excised



Clinical photograph on the 4th post operative day

After surgery patient had immediate relief from cough.

Histopathology report:

Cavernous hemangioma.

Discussion:

Cavernous hemangioma is very rare in oral cavity, more so in Uvula. Review of published literature revealed very few reports on this topic.

Histologically uvula is composed of three layers:

Mucosal layer which is composed of non keratinised stratified squamous epithelium.

Submucosal layer consisting of mucosal glands, blood vessels, nerve endings, few taste buds and lymphoid follicles.

Musculus uvula (muscle layer) lies underneath the submucosa.

The position of uvula is such that it is more prone for injury². If uvula is elongated it is more prone for injury³. Majority of these hemangiomas are asymptomatic and need no intervention. Hemangiomas of oral cavity typically present in adults. Trauma has been attributed as one of the causes for hemangioma of uvula⁴.

Symptoms caused by elongated uvula include:

1. Intractable cough
2. Sleep apnoea
3. Bleeding from mouth
4. Rarely difficulty in swallowing

Conclusion:

This case is being presented for its rarity. It should also be stressed that elongated uvula could be a normal anatomical finding. Surgical intervention is necessary only in symptomatic patients. Examination of throat is a must while treating patients with intractable cough.

References:

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