Haemangioma with Phlebolith on the Upper Lip: A Rare Case Report

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A 14-year-old boy came with the complaint of swelling on the left half of the upper lip since birth. Peanut sized swelling present since birth, slowly growing, not associated with pain. A diffuse swelling present on the left half of the upper lip, about, 5 cm × 4 cm in size involving left commissure, above the commissure-tragus line, till the level of left ala of nose. Skin over the swelling is normal. On palpation, local warmth was felt swelling was non-tender with diffuse margins, soft in consistency, compressible lesion with drooping of upper lip. Intraorally the swelling appeared diffused with a nodular surface on left buccal mucosa and commissure area showing an erythematous surface.

Hemangiomas are rare vascular neoplasms of infancy and involutes over a period of time. Sometimes they can be associated with intravascular calcifications known as phlebolith, which are calcified thrombus forming due to stasis of blood in the vascular channels. Usually, they will be located in vessels which are in close proximity with the hard tissues, but in this case this correlation was not found and the lesion was circumscribed to the upper lip. Phleboliths associated with hemangioma are detected on routine imaging techniques like ultrasonography, computed tomography and biopsy. In our case, ultrasonography revealed increased vascularity in the lesion but no radio opacities were detected. Histopathological sections stained with hematoxylin and eosin revealed highly vascular connective tissue with numerous dilated endothelial lined blood capillaries of variable sizes and shape (Figure 1). Cavernous spaces containing red blood cells (RBC’s) are
also noted. Inflammatory cell infiltrate is minimal. One area showed round, homogenous, pale eosinophilic mass with concentric lamellar pattern suggestive of phlebolith. The calcification is formed surrounding a central thrombus and RBC’s were noted in the calcified mass (Figure 2). The location of the lesion away from the proximity of major salivary glands and characteristic histopathological features were suggestive of phlebolith rather than sialolith or calculus. The accuracy of diagnosis of phlebolith can be enhanced with focal Immunolocalization with markers like CD 31 specific for endothelial cells.

Points to Ponder

- Intra oral hemangiomas associated with phlebolith are rare to occur. But practitioners should include this lesion in the differential diagnosis of intra oral swellings as it can occur on rare locations like upper lip as in the presented case.

- Hemangioma with phleboliths should be identified from the differential diagnosis for lesion appearing as swellings like sialolithiasis, based on the clinical examination, imaging, histopathological and Immunohistochemical methods as the treatment of hemangioma is crucial.

REFERENCES