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Lip venous malformation

Vascular malformations are benign (non-cancerous) lesions that are present at birth, but may not become visible for weeks or months after birth. Unlike hemangiomas, vascular malformations do not have a growth cycle, then regress, but continue to grow slowly throughout life. Most vascular malformations are sporadic (occurring by chance), although some are inherited in a family as a dominant autosomal trait. The autosomal dominant means that a gene is needed to express the condition, and the gene is transmitted from one parent to another with a 50/50 risk for each pregnancy. Males and females are also affected and there is great variability in gene expression. In other words, a parent may unknowingly have had a hemangioma because he or she has fainted, but your child is more severely affected. The family cannot come to the attention of a geneticist until the birth of the child with a more serious condition. What are some types of vascular malformations? There are several types of vascular malformations: Capillary (port wine stains): Always present at birth in the form of pink or purple skin spots. Venous malformation: Often confused with a hemangioma, these malformations are soft to the touch and the color disappears when compressed. They are most often found on the jaw, cheek, tongue and lips lymphatic malformations: These form when excess fluid accumulates in the lymphatic vessels. Arteriovenous malformations: Abnormal connections between arteries and veins, resulting in high flow, pulsating collections of blood vessels. Mixed: A combination of one of the other four types. How We Care for Vascular Malformations The Vascular Anomalies Center at Boston Children's Hospital offers the latest diagnostic and therapeutic approaches, some of which have been developed by our staff. Our team provides comprehensive consultation services to physicians and families around the world, including referrals to local medical centers and physicians, where appropriate. The Vascular Anomalies Center is comprised of a unique interdisciplinary team of 26 physicians, representing 18 departments, who have developed a sub-specialization in the field of vascular abnormalities. Many of these physicians are internationally recognized for their expertise and innovative contributions to this highly specialized field. Chethana Sneha, Imran Mohtesham and Priyal R Department of Oral and Maxillofacial Pathology, Yenepoya Dental College, Yenepoya University, Mangalore, Karnataka, India - Correspondent author: Chethana Sneha Department of Oral and Maxillofacial Pathology, Yenepoya Dental College Yenepoya University Road, Deralakatte, Mangaluru, Karnataka 575018, India Tel: 919964166164 Email: Received Date: August 04, 2018; Date accepted: August 28, 2018; Published Date: August 30, 2018 Quote: Sneha C, Mohtesham I, Priyal R (2018) Vascular Malformation of Upper Lip - A Case Report. Med Case Rep Vol.4 No.3: 83. DOI: 10.21767/2471-8041.100119 Visit for more related related at Medical Case Reports Abstract Vascular abnormalities (VM) counts as one of the most difficult diagnostic and therapeutic puzzles that can be encountered in the practice of medicine. These lesions are the result of an embryonic abnormality of the vascular system. The main characteristic of vascular malformations is that they never show signs of involution. It is the most common neoplasm of childhood. Clinical presentations are extremely protein and can range from an asymptomatic birthmark to a life-threatening hemorrhage. Here we present a case of vascular malformation in the upper lip of the four-year-old patient. Benign vascular lesions; Vascular malformation; Hemorrhage; Neoplastic Introduction Benign vascular lesions are abnormalities in the proliferation of blood vessels or endothelial cells. It was observed that benign oral vascular lesions accounted for 6.4% of all diseases diagnosed by the oral diagnostic service [1,2]. Two most common types of vascular birthmarks are hemangiomas and vascular malformations that may appear to be very similar, but their course and treatment varies [3,4]. It is thought that about 12% of newborns have hemangioma, although most of them disappear in the first year of life instead of vascular malformations are still present from birth, although they may not be apparent. Hemangiomas disappear with age, but vascular malformations develop spontaneously over time. Therefore, in general, most hemangiomas can be considered insignificant tumors that require no treatment, except for cosmetic correction [4]. Based on biological behaviours, VM can be subdivided into low-flow, high-flow lesions [5-7]. Oral vascular malformations are widespread in the 6th and 7th decades of life. Histopathologically, it shows the proliferation of endothelial cells with blood stasis. Surgical excision followed by embolism is the treatment of choice for such lesions [8]. The most common complication of such lesions is excessive bleeding during excision. Here we report a case of vascular malformation seen in the upper lip of the four-and-a-half-year-old patient. Case report A four-and-a-half-year-old patient had reported to opd with a major complaint of swelling in the left upper lip. The patient's mother gives the story of the swelling seen after 6 months of birth that gradually increased in size over time. On clinical examination the swelling was large, sessile, measuring about 4 x 4 cm. The swelling was mild in consistency with irregular surface. The overly acalysing mucous membrane was normal. The enlarged vein was visible, no pulsating. There was no history of pain and paresthesia (Figure 1). On the raw examination, the sample measured approximately 3 x 3 cm, reddish brown in colour, and mild consistency (Figure 2). Figure 1: Preoperative image showing swelling of the upper lip. Figure 2: Image showing the raw specimen. Histopathological characteristic showed connective tissue with multiple rbc filled with varying size blood vessels and nature ranging from small small mid-sized arterioles that are interspersed with the perinural arrangement of the suggestive vascular canal of vascular malformation (Figures 3 and 4). The lesion was surgically excised (Figure 5) and the patient was asked for follow-up to check for recurrence. Figure 3: Image showing several blood vessels and RBC extravasated (4x). Figure 4: Image showing high-powered blood vessels (10x). Figure 5: Postoperative images after treatment. Discussion Benign vascular lesions are abnormalities in the proliferation of blood vessels or endothelial cells, benign oral vascular lesions accounted for 6.4% of all diseases diagnosed by the Oral Diagnostic Service [2] Mulliken and Glowacki in 1982, a proposed classification of vascular abnormalities based on pathological characteristics, i.e. endothelial cell renewal. According to this classification, vascular abnormalities were categorized in two categories - a) vasoproliferative neoplasm (b) vascular malformations. Vascular malformation has less endothelial cell rotation (proliferate and undergo mitosis) compared to vasoproliferative neoplasm. Instead VM are structural abnormalities of venous, lymphatic, capillary and arterioles that increase according to the proportion of the child [9]. The enlargement of vascular lesions is due to changes in flow and pressure, dilation of the vascular canal, and collateral proliferation [8]. Active endothelial cells are the important characteristic in all series consistent with a progressive vascular lesion, but it is not clear whether endothelial proliferation is a primary event or results from vascular expansion through the hemodynamic mechanism [1]. Table 1 showing the difference between haemangioma and vascular malformations. Hemangiomas Vascular Malformation A haemangioma may or may not be present at birth Vascular malformation is still present at birth These are true benign neoplasms of endothelial cells Are localized defects of vascular morphogens that results in can formation tortuous and enlarged abnormal vascular malformations Females are more frequently affected 3:1 (Mulliken and GLowacki) Vascular malformations show no predilection of genus Hemangiomas are also known as port wine stain , strawberry haemangioma, salmon patch. Vascular malformations are also known as lymphangiomas, arteriovenous malformation, vascular gigantism. Often grows faster than the growth of the child expands proportionally with the growth of the child Over time, they become smaller (involute) and lighter in color. They do not evolve spontaneously and can become as the child grows. Mast cells known to play a role in neangiogenesis, increases during the proliferating phase. No increase in mast cells. Table 1: Differences between haemangioma and vascular malformations. Vm are subdivided into (a) High-flow slow-flow malformations (b). Slow-flow VM has a prevalence of 1% in the general population as a whole. The most common type in these subtypes is venous, lymphatic and venolymphatic malformations. Veinous Veins is formed due to the dilation of the superficial and deep veins due to the thin wall that lacks smooth muscle. Lymphatic malformation subtypes are caused by the collection of lymphatic vessels filled with serous fluid. Venolymphatic malformations are rare [9]. High-flow VM is an arteriovenous malformation and an arteriovenous fistula. They are characterized by the formation of a cluster of arterial and venous channels without solid mass formation. Clinical presentations have an extremely considerable variety and can range from an asymptomatic birthmark to a hemorrhage that is life-long. These lesions usually occur in the head and neck region with a predilection for the oral cavity, respiratory and muscle groups. The overall incidence of VM is about 1 in 10,000 people. They can continue to grow throughout the patient's life. Many patients with vascular malformations may be misdiagnosed as hemangiomas [8]. Conclusion Oral VMs are more common in the upper lip, oral mucosa and lower lip, show no gender predilection [2]. Vascular malformations can cause significant morbidity and even mortality in children and adults. Few syndromes such as bleb blue bleb syndrome, cutaneo-mucous venous malformation (VMCM), glomu-venous malformation (GVM) are associated with vascular lesions [6]. The investigation includes MRI, CT and Doppler US. Benign oral vascular lesions can be treated with sclerotherapy, systemic corticosteroids, α interferon, laser, embolization, cryotherapy, and surgery. Management and treatment decisions depend on the patient's age, site and size of the lesion. The first line of VM treatment includes embolization. Complete surgical excision or combination therapy is also suggested in children [9]. References Correa PH, Nunes LC, Johann AC, Aguiar MC, Gomez RS, et al (2007) Prevalence of oral hemangioma, vascular malformation and varix in a Brazilian population. Braz Oral Res 21: 40-45. Redondo P (2007) Vascular malformations (I). Concept, classification, pathogenesis and clinical characteristics. Actas Dermosifiliogr 98: 141-158. Foco F, Brkic A (2013) Vascular abnormalities of the maxillofacial region: Diagnosis and management. Intechopen. Bhat VS, Arora R, Bhandary S, Shetty S (2013) Traumatic arteriovenous malformation of the cheek: A case report and a review of the literature. Int J Ortholaryngol Clin 5: 173-177. Lowe LH, Marchant TC, Rivard DC, Scherbel AJ (2012) Vascular malformations: Classification and terminology that the radiologist should know. Semin Roentgenol 47: 106-117. 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