Giant Angina Bullosa Haemorrhagica

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A 75-year-old lady, developed an asymptomatic, blood filled blister over the right buccal mucosa overnight after eating rice-chapati at night. Examination of oral mucosa revealed a single oval, tense, blood filled bullae of size around 4 cm on right buccal mucosa [Figures 1 and 2]. There was no history of inhaled steroids, infections, autoimmune diseases, diabetes, dental procedures and anesthetic procedures. She was a non-smoker and non-alcoholic. She had history of chest discomfort 3 years back which was diagnosed as unstable angina. Since then, she was receiving tablets clopidogrel, aspirin, atorvastatin; along with sublingual isosorbide dinitrate on an SOS basis. Hematological and biochemical investigations and coagulation profile were normal. The bulla ruptured in the next evening leaving behind erosion which was associated with pain while eating. It healed over the next 2 weeks without any scarring with symptomatic improvement. Angina bullosa haemorrhagica (ABH) is an interesting entity which presents as sudden onset of painless, blood-filled blisters of the oral cavity that rapidly expand and rupture spontaneously within 24-48 hours. ABH is often asymptomatic. However, sometimes, pain or a sensation of choking can be reported.[1] Angina term comes from the choking sensation. The exact cause of ABH has not been yet elucidated but the various etiologies mentioned in the literature are related to the minor trauma of hot foods, restorative dentistry, periodontal therapy, dental injections of anesthetics, chlorhexidine gluconate mouth rinse and steroid inhalers.[2] Diabetes mellitus and arterial hypertension may be predisposing factors.[3] Food ingestion has been implicated to be the most common cause accounting for 50-100% of cases.[4] The differential diagnoses of ABH include mucous membrane pemphigoid, epidermolysis bullosa acquisita, linear

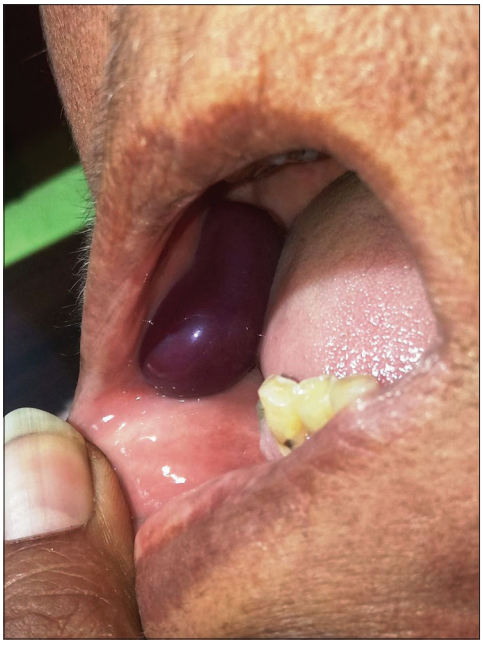

Figure 1: Large blood filled bulla over the right buccal mucosa

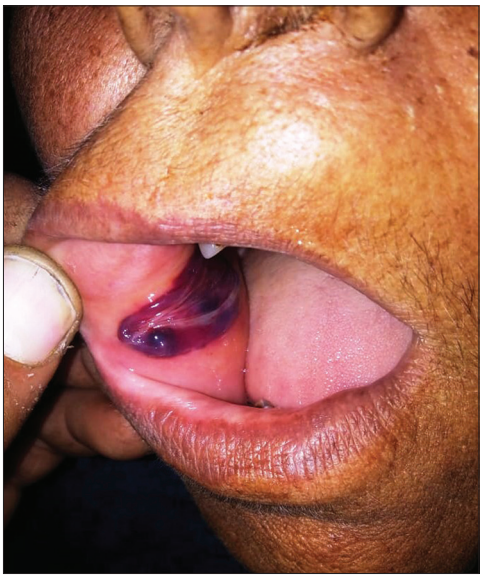

Figure 2: Bulla ruptured the next evening revealing blood and leaving behind an erosion

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IgA dermatosis, erythema multiforme, oral amyloidosis, pemphigus, dermatitis herpetiformis, and bullous lichen planus. Our case was interesting because of a large lesion with normal coagulation profile.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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