





# Tongue haemangioma with fading colour due to compression

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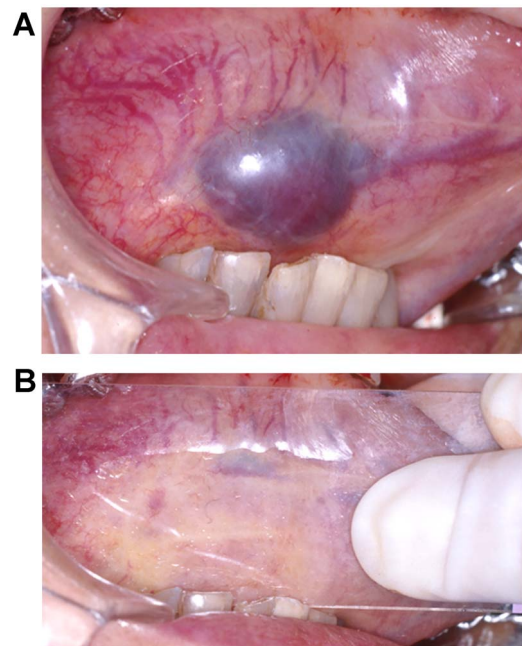
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A 52-year-old woman presented with a dark purple, painless mass on the right side of her tongue that had been untreated for at least 20 years (Fig. 1A). However, it had recently begun to increase in size. On examination, it was elastic, soft and blanched on compression (Fig. 1B). Computed tomography, magnetic resonance imaging and ultrasonography findings confirmed a diagnosis of haemangioma. The mass was resected under general anaesthesia, and no recurrence was noted at 3 years post-operatively.

A haemangioma is an abnormal growth of a blood vessel. In most cases, it is a hamartoma. Histopathologically, there are various types of haemangiomas [1]. Haemangiomas in the oral maxillofacial region are commonly capillary or cavernous haemangiomas [2]. Superficial haemangiomas are characterized by blanching [3]. Therefore, applying light pressure with an examining finger or a glass slide can assist in the diagnosis. This simple test is extremely safe, and the pressure exerted does not cause pain or bleeding. The fading of the colour can be assessed by applying light pressure. A cold slide glass may be unpleasant to the patient, which can be prevented by warming it to body temperature between the examiner's fingers. Imaging is also used for diagnosis, but biopsy should be avoided because of the risk of haemorrhage [4]. Treatment includes surgical excision, packing therapy, cryotherapy, laser irradiation and electrical coagulation, and the choice of treatment is based on the site of occurrence, size of the tumour and patient's health status [1]. If there are no symptoms or risk of haemorrhage from trauma, it is acceptable to monitor the lesion without intervention. In this case, the patient had a haemangioma on the lateral margin of the tongue and was at risk of massive bleeding from traumatic mastication. She required resection under general anaesthesia. Previous case reports have demonstrated the risk of haemorrhage during tongue haemangioma excision [5]. Furthermore, post-operative swelling may obstruct the airway [6]. Thus, appropriate postoperative management is necessary during hospitalization to prevent such complications.



**Figure 1.** (A) Intraoral findings: a well-defined, dark purple mass is present on the right tongue margin, and (B) light pressure with a glass slide sweeps the blood inside, and the mass changes from dark purple to white.

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Not applicable.

## CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

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## ETHICAL APPROVAL

Not required.

## CONSENT

We declare that written consent was taken from the patient for the publication of this report.

## GUARANTOR

Takeshi Onda.

## REFERENCES

1. Kamala KA, Ashok L, Sujatha GP. Cavernous hemangioma of the tongue: a rare case report. *Contemp Clin Dent* 2014;**5**:95–8. <https://doi.org/10.4103/0976-237X.128680>.
2. Kumari VRV, Vallabhan CG, Geetha S, Nair MS, Jacob TV. Atypical presentation of capillary hemangioma in oral cavity- a case report. *J Clin Diagn Res* 2015;**9**:ZD26–8. <https://doi.org/10.7860/JCDR/2015/14276.6691>.
3. Sharma SR, Mehra A, Karjodkar FR, Sansare KP. Atypical extralingival occurrence of lobular capillary hemangioma: a report of two cases. *J Indian Soc Periodontol* 2021;**25**:254–7. [https://doi.org/10.4103/jisp.jisp\\_528\\_20](https://doi.org/10.4103/jisp.jisp_528_20).
4. Beghdad M, Choukry K, Mkhatri A, El Krimi Z, Oukessou Y, Rouadi S et al. A cavernous hemangioma of the tongue base presenting as an ectopic thyroid: a case report. *Ann Med Surg* 2020;**60**:115–20. <https://doi.org/10.1016/j.amsu.2020.10.053>.
5. Lang P, Thrun B, Hofstetter B, Haberl C, Strehlke P, Hagenmaier C et al. Giant hemangioma of the tongue: combined use of perioperative blood conservation procedures. *Anaesthesist* 2002;**51**:470–4. <https://doi.org/10.1007/s00101-002-0332-7>.
6. Takase H, Kushikata T, Kotani N, Kimura N, Ishihara H, Matsuki A. A case of long-term respiratory management following resection of a huge facial hemangioma. *Masui* 2001;**50**:1253–6.