Case Report

Trauma-related oral lesions; Angina bullosa haemorrhagica: a rare case presentation

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Abstract

Angina bullosa haemorrhgica is a relatively uncommon condition characterized by blood-filled subepithelial lesions in the oral mucosa that is idiopathic and not caused by a systemic disease or a hemostatic abnormality. Middle-aged and elderly patients are usually affected and lesions heal spontaneously without scarring. A rapidly expanding hemorrhagic blister in the oropharynx can induce upper airway obstruction, so recognizing the lesion as soon as possible is essential. Because of its rarity, we wanted to highlight a 42-year-old male patient who presented with hemorrhagic bullae associated with insignificant local trauma in the oral mucosa and to emphasize that Angina bullosa haemorrhagica is a rare but recognizable lesion that clinicians should be aware of.

Keywords: Angina bullosa haemorrhagica, Blister, Oral Hemorrhage

Case report

A 42-year-old man with no known disease was admitted to the emergency department with blood-filled blister on the lateral surface of his tongue that he noticed in the morning. He stated that he had eaten salted in-shell sunflower seeds the night before. The patient was otherwise healthy, with no known diseases, allergies, and no history of medication especially no steroid or inhaler use. There was no history of recent dental procedures and anesthesia procedures. He was a non-alcoholic and non-smoker. Examination of oral mucosa revealed a single oval, tense, blood-filled bullae of size around 15mm on the lateral surface of the tongue (Figure 1). On physical examination, no lesion on the skin or any other lesions in the buccal cheek, gingiva, and tongue was observed. Hematological and biochemical investigations including glucose level and coagulation profiles were normal. The bulla was excised and drained by an otolaryngologist to prevent further enlargement and obstruction of the airway. The patient was advised to avoid hot and spicy foods and to use an antimicrobial mouthwash containing Chlorhexidine gluconate (10-15ml twice daily for a week) to accelerate the healing of ulcerated areas. The lesion healed over the next two weeks without any scarring with improvement.

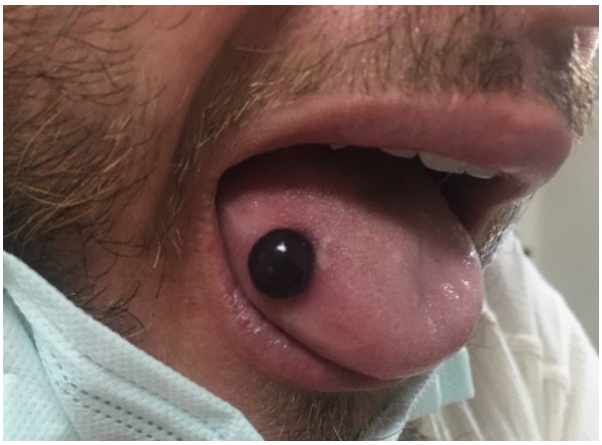

Figure 1. Large hemorrhagic bulla on the lateral surface of the tongue

Discussion

Angina bullosa haemorrhagica (ABH) is a very rare condition characterized by blood-filled subepithelial lesions in the oral mucosa. ABH is an idiopathic condition that is not caused by a systemic disease or a hemostatic abnormality[1]. Middle-aged and elderly patients are usually affected and lesions heal spontaneously with no scar. Although the pathogenesis is unknown, local trauma is the most well-known provoking factor[2]. A rapidly expanding hemorrhagic blister in the oropharynx can induce upper airway obstruction, so recognizing the lesion as soon as possible is essential. ABH is usually asymptomatic, however, in some cases, it can produce pain or a feeling of suffocation[3].

Although damage from hard or hot food, restorative dentistry, periodontal treatment, oral anesthetic injections, and steroid inhalers has been reported in the literature, the underlying etiology of ABH remains unknown[2]. Diabetes mellitus and arterial hypertension may be predisposing factors[4]. Food-related injury has been implicated to be the most common cause accounting for 50-100% of cases[5], as we suspected local trauma while food ingestion in our case.

The major part of diagnoses has been made based on clinical findings, with biopsy being performed only in rare cases[5,6]. Hematologic disorders with thrombocytopenia, Rendu-Osler-Weber disease, amyloidosis, drug eruption, cicatricial pemphigoid, bullous pemphigoid, dermatitis herpetiformis, IgA disease, and bullous lichen planus should all be evaluated in the differential diagnosis[6,7].

The lesion will rupture on its own and recover in a short time, therefore ABH does not require treatment if asymptomatic. Flexible nasolaryngoscopic evaluation is a useful option[8], however, if the bulla is large and full, as it was in our case, it should be excised to prevent further enlargement and obstruction of the airway. The patient should be informed to consume soft food and avoid hot drinks.

In conclusion, ABH is an uncommon but recognizable lesion that clinicians should keep in mind when acute hemorrhagic bullae are discovered in the oral cavity

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