

INTERESTING CASE: An intramuscular haemangioma of the tongue

A 43 year-old man who was a heavy smoker but otherwise healthy, was referred to the oral and maxillofacial surgery department, with a newly developed ulcerated tumour at the lateral right part of the tongue (Fig. 1). Clinically the lesion was thought to be malignant. Histological examination of an incisional biopsy specimen showed mainly reactive inflammation but, because of ingrowth of blood vessels, a pyogenic granuloma was considered possible. Because of the clinical appearance of the lesion and its continuing growth it was excised, and the specimen was diagnosed as an intramuscular haemangioma (Fig. 2).

The case illustrates the importance of taking a generous biopsy specimen, and the possible difficulties, histological as well as clinical, in diagnosing such lesions. Magnetic resonance imaging may be useful in diagnosis, and in differentiating between lesions with slow and quick flow.¹

Haemangiomas of the tongue are usually best treated by excision. Preoperative embolisation is preferred for arteriovenous malformations or for large lesions.² Clinical follow-up of our patient has shown no sign of recurrence.



Fig. 1. Ulcer of the lateral part of the tongue, clinically thought to be malignant.

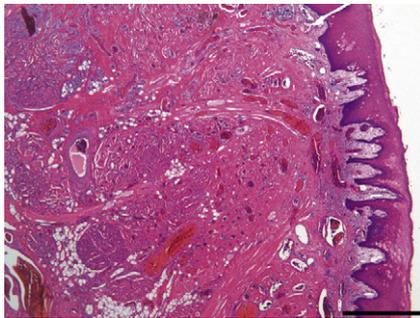


Fig. 2. Histopathological section of the excised tumour showing blood vessels between muscle fibres, diagnosed as an intramuscular haemangioma (haematoxylin and eosin, original magnification x2.5). Scale bar = 1 mm.

References

1. Cappabianca S, Del Vecchio W, Giudice A, Colella G. Vascular malformations of the tongue: MRI findings on three cases. *Dentomaxillofac Radiol* 2006;**35**:205–8.
2. Gupta AK, Purkayastha S, Bodhey NK, Kapilamoorthy TR, Kesavadas C. Preoperative embolization of hypervascular head and neck tumours. *Australas Radiol* 2007;**51**:446–52.

Sigbjørn Løes

Anne Christine Johannessen

Knut Tornes

doi:10.1016/j.bjoms.2008.06.003

INTERESTING CASE: Dentoalveolar fracture of the posterior maxilla

A 21-year-old, fit and healthy man was referred from the Accident and Emergency department with a suspected mandibular fracture after an alleged assault. On examination, he had a left-sided buccal haematoma, but the mandible was firm with no radiographic evidence of a fracture (Fig. 1). He had an obvious anterior open bite but on closer examination the upper left dentoalveolar segment involving UL4 to the tuberosity was mobile. This segment had also been extruded and displaced palatally. The patient had an unusual dentoalveolar fracture of the posterior segment of the maxilla (Fig. 2). This was treated with custom-made archbars and intermaxillary fixation for 4 weeks.¹



Fig. 1. Posterior teeth segment is inferior compared to the occlusal plane.



Fig. 2. Dentoalveolar segment fracture from UL4 to tuberosity.

Reference

1. Prabhakar AR, Tauro DP, Shubha AB. Management of an unusual maxillary dentoalveolar fracture: a case report. *J Dent Child (Chic)* 2006;**73**:112–5.

I. Al-Hadad

G.A.E. Burke

K. Webster

doi:10.1016/j.bjoms.2008.08.004