

A Case report on 6-yr old female child patient with a known case of Lower Lip Hemangioma

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Abstract

Introduction Hemangioma is an endothelial tumor that primarily affects children and babies. Hemangiomas usually appear during or shortly after birth, proliferate for the first 18 months, and then fade away between the ages of 5 and 10. The most prevalent complaints of patients with hemangiomas are psychosocial issues, which can affect the appearance and invite attestation. Hemangioma is one of the most common benign vascular tumors in children, affecting 10%–12% of them. By the age of five, half of the haemangiomas have dissipated, and ninety percent have dissipated by the age of nine. Haemangiomas can sometimes recur, requiring systemic or surgical intervention. Hemangioma is one of the most prevalent vascular benign tumors, affecting about 12% of neonates. Hemangioma of infancy is most common in the head and neck region, accounting for about 60% of cases, with the lips, tongue, and palate being the most common sites. Within 9 years of age, about 90% of lesions had vanished. Hemangiomas can sometimes persist and require treatment. Depending on the size, location, and stage of the hemangioma, systemic or surgical treatment may be used. Surgical procedures such as simple excision or combinations with plastic surgery are rarely suggested. We discuss a case of lower lip haemangioma in an 8-year-old female who was diagnosed and treated at our facility.

Conclusion- More research on hemangiomas and their growth patterns is needed to develop tailored treatments to treat and alleviate the patient's social embarrassment. Despite the many treatment options for lip hemangiomas, surgery may be the best option in the case of big abnormalities, as long as critical care measures are performed.

Keywords: Lip, Tumour, Haemangioma, Vascular malformation, etc.

INTRODUCTION:

Haemangiomas are blood vessel tumors that are benign (noncancerous). Hemangiomas come in a variety of forms and can appear anywhere on the body,[1] including the skin, muscle, bone, and other internal organs. The majority of hemangiomas appear on the skin's surface or immediately under it.[2] They commonly appear on the face and neck, and their color, shape, and size can vary widely. Most hemangiomas do not require medical treatment since they seldom turn malignant.[3] Some haemangiomas, on the other hand, might be unsightly, and many people seek medical help for cosmetic reasons. Surgery is not required in the majority of haemangioma patients.[4] Tumors deep in muscle or bone, as well as tumors on the skin that cause eyesight, breathing, or eating problems, are examples of situations when surgery may be required.[5] Hemangiomas are benign vascular tumors that commonly emerge in childhood and adolescence; a small percentage of them may be present during birth or develop later in life. Hemangiomas are three times as common in women than in men.[6]

Haemangiomas on the lips are particularly vulnerable to problems, which can have substantial functional and aesthetic consequences. Early ulceration of these lesions can result in pain and bleeding, making it difficult for small infants to eat.[7] Lips are prominent features of the face, and big hemangiomas can alter the intricate lip architecture. Surgical intervention may be indicated if lip shape and symmetry are disturbed despite involution. The lip, tongue, and palate are the most prevalent sites for lesions in the head and neck area, accounting for 60% of all cases. Hemangioma is a smooth or lobulated soft tissue tumor that causes physical deformity and functional disturbance. It can be a few millimetres long or several centimetres long. The majority of the lesion

involuting on its own, thus no additional treatment is required. The patient's age, size, location, extension, and pace of advancement all influence treatment for a persistent lesion. This is a common occurrence in babies and youngsters. Hemangiomas usually appear during or shortly after birth, proliferate for the first 18 months, and then fade away between the ages of 5 and 10.

The most prevalent complaints of individuals with hemangiomas are psychosocial issues, which are situations that may affect their appearance and attract the attention of others around them. Hemangiomas come in a wide range of sizes and shapes.[8] Endothelial cell proliferation causes mouth hemangiomas (OHs), which are benign tumors that form in and around the oral cavity. OHs are uncommon and mostly affect the lips, tongue, buccal mucosa, and palate. OHs are relatively rare and most commonly include the lips, tongue, buccal mucosa, and palate. While 60 to 70% of hemangiomas originate in the head and neck region, OHs are very rare and most commonly involve the lips, tongue, buccal mucosa, and palate.

Patient Information: -

Patient-specific information: A 6-year-old female child visited AVBR Hospital on 20/07/2021 with the chief Complaint of abdominal bloating, Nausea and Loss of appetite for further management.

Present case Visit AVBR Hospital on the old basis with the chief Complaint of abdominal bloating, Nausea, and Loss of appetite patient has No past medical & Surgical history she was mentally stable. she an oriented person. She has maintained a good personal relationship with family members.

The primary concern and Symptoms of the patient: A patient was admitted to AVBR Hospital on date 20-09-2021 with a chief Complaint abdominal of blotting, Nausea, and Loss of appetite further investigation patient was diagnosed with lower lip hemangioma.

Medical family & psychological history: The patient has no past medical history like asthma, tuberculosis, diabetic Mellitus, etc. patient belongs to the nuclear family. There are 5 members alive included in the patient. All family members are healthy. All family members maintain a good relationship with doctors and nurses.

Clinical Findings: On general examination patient status is unhealthy. Conscious of the patient is conscious. Body build is thin. Patient hygiene maintains. The vital parameter of the patient is blood pressure 120/80MMHG. Respiration is normal no sound was found at auscultation.

On systematic examination respiration system bilateral breath sound is decreased. Cardiac system normal S1 and S2 sound is hearing with no abnormality.

There is no localized neurological deficit, and the central nervous system is cognizant and directed.

Significant physical examination and important clinical findings: Abnormalities of lower lip hemangioma.

Present Complaint and Investigation: - A 6 year old female child patient was admitted to AVBR Hospital with the chief complaint of abdominal discomfort and bloating. Nausea, loss of appetite pain. a sense of fullness after eating a small.

Main Symptoms: - Abdominal discomfort of blotting, Nausea, Loss of appetite.

Main Diagnosis: - A 6 year old female child patient was admitted to AVBR Hospital. The patient was abdominal discomfort of blotting, Nausea, Loss of appetite. The doctor identified the case of lower lip hemangioma.

Therapeutic Interventions: on the therapeutic intervention patient had taken Tab. Cymoralfort, Tab. Augmentin, Tab. Pantop, Tab. Omen.

Outcome: - After the medication chief completed abdominal discomfort of blotting, Nausea, Loss of appetite was diminished.

Conclusion: - She responded to the medicine antibiotics, analgesic, and physical counseling.

Timeline: - Present case has a history of abdominal blotting Nausea and Loss of appetite and she visited the Sewagram hospital in June 2020 for further management. MRI, CT scan was done diagnosed as a lower lip hemangioma. And then follow up AVBR Hospital for further treatment patient was visited in AVBR Hospital on the old basis with the chief Complaint of abdominal bloating, Nausea, and Loss of appetite further management.

Diagnostic Assessment:

Based on patient history, physical examination, systemic examination, and other investigations reveal a different outcome. After investigation Report shows that a client with abnormalities of lower lip hemangioma is present all routine blood test is done. CT scan and MRI was done.

Diagnostic challenge: No diagnostic challenge

Diagnosis: After physical examination of this investigation CT scan MRI was done, and the doctor found outpatient was diagnosed of lower lip hemangioma.

Prognosis: The case of prognosis was satisfied.

Therapeutic intervention: Medical management was provided to the patient. IV. Fluid DNS, NS, 500ml Tab. Pantop 40mg Tab. Cyaremalfort, 1 Rute is oral. antibiotic.

Blood investigation: Hemoglobin- 12.1, RBS count- 5.24million/MMC, WBC count-9200/MMC, platelet count-2.56/MMC

DISCUSSION:

Haemangiomas and vascular malformations are two different types of vascular lesions that are frequently confused, and the terms are commonly used interchangeably. Anatomical, structural, and biological characteristics are used to classify vascular lesions.[9] Hemangiomas and other vascular abnormalities were the most common lesions found. Hemangioma is a broad term that refers to a variety of vascular diseases defined by abnormal endothelial cell development and proliferation. Vascular malformations, on the other hand, are structural abnormalities of blood vessels that do not involve endothelial cell growth.[10] Haemangiomas and vascular malformations are two forms of vascular lesions that are frequently mistaken, and the names are frequently interchanged. Anatomical, structural, and biological characteristics are used to classify vascular lesions. Hemangiomas and other vascular abnormalities were the most common lesions found. Hemangioma is a broad term that refers to a variety of vascular diseases defined by abnormal endothelial cell development and proliferation. Vascular malformations, on the other hand, are structural abnormalities of blood vessels that do not involve endothelial cell growth.[11] The distinctions between hemangiomas and vascular malformations are shown. The beginning of swelling immediately after birth, as well as the persistence of swelling after ten years, led us to consider both vascular malformation and hemangiomas as possibilities in our case. The majority of hemangiomas involute on their own by the age of 10, however, this was not the case in our situation. However, the lack of bruit or thrill on auscultation, as well as the MRI report and histological view, led us to the conclusion that the patient had a hemangioma.[12]

Large, persistent hemangiomas can cause physical disfigurement and functional disruption, necessitating treatment. Compound hemangioma involving the deeper tissues of the lower lip persisted in this case, and early surgical excision was not performed due to the patient's poor financial situation. A hemangioma can be treated with systemic corticosteroids, intraregional sclerosing agent injections, electrocoagulation, cryosurgery, laser therapy, embolization, and surgical excision. In this example, the lesion was treated with a pressure-induced intraregional injection of triamcinolone, followed by full excision.[13] Enlargement of endothelial tissues into surrounding tissues, which thereafter become canalized and vascularized in some circumstances. Central hemangioma is a congenital condition that most typically affects the jaw. Panoramic radiography rule Patten KB, Pearl M, Takes A, Mitchell SE. Update on the pediatric extracranial vascular anomalies of the head and neck. Other types of hemangiomas should be ruled out, as should central hemangioma. The cause and pathophysiology of hemangioma remain unknown.[14]

Childbearing age, gestational hypertension, and infant birth weight are all common features. Physical deformity and functional disruption can result from large chronic hemangiomas, needing treatment. Systemic corticosteroids, intraregional sclerosing medication injections, electrocoagulation, cryosurgery, and laser therapy are all possible treatments.[15]

CONCLUSION:

Finally, sclerosis of a large lip hemangioma combined with surgical excision is a therapy option worth considering because it offers good aesthetic and functional results.

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