

LOBULAR CAPILLARY HAEMANGIOMA OF NOSE: A CASE REPORTShaila Sidam¹, Ajay Kumar Jain²¹Assistant Professor, Department of ENT, Gajara Raja Medical College, Gwalior.²Professor & HOD, Department of ENT, Gajara Raja Medical College, Gwalior.**ABSTRACT****BACKGROUND**

Nasal lobular capillary haemangioma is a rare benign tumour of nose. Its exact cause is not known but it is commonly seen during pregnancy, patient taking oral contraceptives or with a history of trauma.⁽¹⁾ Its most common location is the head and neck region. The nose is a rare location. It is a rapidly growing lesion of the skin and mucous membrane. It has no predilection for age, but it is common in third decade and in females. Its most common symptom is nasal obstruction and epistaxis. Here, we present a case report of 28-year-old male patient who presented with (L) nasal obstruction and (L) nasal discharge with no history of nasal bleed since 3 months. The diagnosis of capillary haemangioma must always be kept in mind when dealing with nasal mass, which is rapidly growing even though it is rare.

KEYWORDS

Benign, Nasal, Lobular, Capillary, Haemangioma.

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INTRODUCTION

Lobular capillary haemangioma is benign, rapidly growing solitary lesion of the skin and mucous membrane with unknown aetiology.⁽²⁾ It was first described as human botryomycosis by Poncet and Dor in 1897.⁽³⁾ Lobular capillary haemangioma is a benign capillary proliferation with a microscopically distinctive lobular structure that affects the skin and the mucous membrane of oral cavity and nasal cavity. It is rare in nasal cavity, but common in oral cavity. It may be broad-based or pedunculated and its size may vary from few millimeters to several centimetres. Its most common etiologic factors are trauma and hormonal factors. So this case report again emphasizes that lobular capillary haemangioma must be kept in mind when dealing with rapidly growing nasal mass with bleeding tendency.

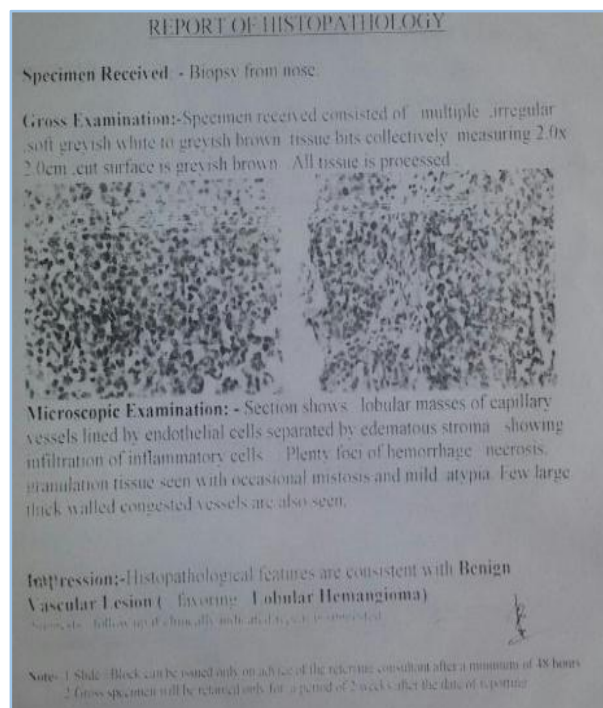
CASE REPORT

A 28-year-old male patient presented with complaints of (L) sided nasal obstruction and (L) sided nasal discharge with no complaints of nasal bleed since 3 months. There was no recent trauma or infection. Detailed examination of nasal cavity revealed a pink polypoidal mass inferiorly along the floor in (L) nasal cavity, probe could be passed all around it except laterally, it was insensitive to touch and did not bleed on touch, air entry was reduced on left side. The nasal discharge was initially watery, thin, non-blood tinged; later on it became yellowish, thick, non-foul smelling and non-blood tinged. The patient was healthy and the blood parameters were within normal limits. So the patient was posted for excisional biopsy in OT under general anaesthesia. The mass was seen arising from the turbinate and it was completely excised under GA and tissue sent for

histopathological examination with no perioperative blood transfusion.

On gross pathologic examination, specimen consisted of multiple irregular soft white-to-greyish brown tissue bits measuring 2.0 x 2.0 cm. Microscopic examination showed lobular masses of capillary vessels lined by endothelial cells, separated by oedematous stroma showing infiltration of inflammatory cells, plenty foci of haemorrhagic necrosis, granulation tissue seen with occasional mitosis, few large thick walled congested vessel were also seen and its diagnosis was benign vascular lesion (Lobular Capillary Haemangioma).

The patient had an uneventful postoperative period.

**DISCUSSION**

Poncet and Dor in 1897 first described lobular capillary haemangioma, where they called it botryomycosis hominis and thought it to arise secondary to fungal infection. It is also

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called pyogenic granuloma, though it is a misnomer as it is neither infectious nor granulomatous.⁽⁴⁾

Mills et al. in 1980 termed pyogenic granuloma as lobular capillary haemangioma, based on its characteristic histopathological finding.⁽³⁾ It is more common in the third decade and in females, but it may appear in all ages and in males. Its most common sites are the gingiva, lips, tongue and buccal mucosa with unusual nasal cavity involvement with anterior portion of septal mucosa and tip of the turbinate being the most frequently involved areas. Its aetiology is unknown but trauma, hormonal factors, viral oncogenes, microscopic A-V malformation have been suspected to act in the pathogenesis.

When lobular capillary haemangioma presents in the nose it usually presents with recurrent unilateral epistaxis, nasal obstruction and nasal discharge. On microscopic examination, numerous capillary lobules are seen. On imaging with contrast enhanced CT scan of paranasal sinuses, it is seen as soft tissue enhancing mass with or without associated bony destruction and on MRI these lesions have intermediate signal on T1 weighted and heterogeneous signal with areas of flow void on T2 weighted sequences showing intense enhancement post gadolinium.⁽¹⁾

Its differential diagnosis include nasal polyp, antrochoanal polyp, angiofibroma when patient is

adolescent, meningocele, meningoencephalocele, papilloma, hemangiosarcoma, squamous cell carcinoma.⁽⁵⁾

CONCLUSION

Lobular capillary haemangioma though rare with unknown cause should be kept in mind in the differential diagnosis of rapidly growing nasal mass with bleeding tendency.

REFERENCES

1. Prashant Patil, Saurabh Singala, Ranoji Mane, et al. Nasal lobular capillary hemangioma. *Journal of clinical imaging Science* 2013;3:40.
2. Panduranga M Kamath, Vijendra Shenoy S, Jyothi Kini, et al. Lobular capillary hemangioma of the nasal septum-a case report. *Egyptian Journal of ear, nose, throat & allied sciences* 2014;15:255-257.
3. Ozcan C, Apa DD, Gorurk. Paediatric lobular capillary hemangioma of the nasal cavity. *Eur Arch Otorhinolaryngol* 2004;261:449-51.
4. Miller FR, D'Agostino MA, Schlack K. Lobular capillary hemangioma of the nasal cavity. *Otolaryngol Head and neck Surg* 1999;120:783-4.
5. Simo R, de Carpentier J, Rejali D, et al. Paediatric pyogenic granuloma presenting as a unilateral nasal polyp. *Rhinology* 1998;36:136-138.