A 23-year-old male patient consulted in the department of oral pathology for the treatment of the tongue and lower lip swelling that has lasted for 20 years, and lead to difficulty in oral function.

The patient gave a history of temporary regression of the lesion following prolonged bleeding due to trauma from the teeth.

Movement of the tongue provoked pain in the swelling region.

Enlargement was diffuse, fleshy and erythematous in appearance with foci of ulceration, involving almost two-thirds of the tongue anteriorly with a deviation toward the left side. Similar swelling involved the lip on the right side.

1) What is your diagnosis?
   a) Lymphangioma
   b) Hereditary macroglossia
   c) Hemangioma
   d) Amyloidosis
   d) Squamous cell carcinoma

Part I

Let’s go step by step from the patient’s detail and assemble all the clues together.

Clue No. 1:
Age, site and duration: 23-year old, tongue (majorly right side) and lower lip swelling for approximately the last 20 years, leading to difficulty in the functions associated.

Conclusion:
It doesn’t appear to be squamous cell carcinoma as it started at around 2 to 3 years of age.

Clue No. 2: History — Patient gave a history of temporary regression of the lesion following prolonged bleeding due to trauma from the teeth. Movement of the tongue provoked pain in the swelling region.

Conclusion:
Apparently a soft and vascular lesion with phases of regression with bleeding. This again rules out squamous cell carcinoma, hereditary macroglossia and amyloidosis because these are supposedly firm lesions.

Clue No. 3: Appearance — Enlargement was diffuse, fleshy and erythematous in appearance with foci of ulceration, involving almost two-thirds of the tongue anteriorly with a deviation toward the left side.

Conclusion: This can help us rule out hereditary macroglossia; the reason being it’s a muscular hypertrophy, most often bilateral, doesn’t show fluctuations and generally not erythematous and doesn’t bleed often.

By Monica Malhotra, India

Diagnose this: red soft-tissue lesions

(Photo/Provided by Dr. Madhumani Kumra, Department of Oral Pathology, Sudha Rustagi Dental College, Faridabad, India)
until traumatized.

Narrowing down the diagnosis

a) Lymphangioma
b) Hemangioma
c) Amyloidosis

d) All of the above

4) Which of the following is a recommended form of treatment?

a) Generally regresses on its own, especially the superficial one; so no treatment required.
b) In some cases, a surgical treatment or lasers may be used to remove the small vessels.
c) Cavernous hemangiomas are generally treated with steroid injections or laser treatments or combination treatment.
d) All of the above are correct.

(Answers are below.)

Part II: Hemangiomas

2) Check your knowledge of hemangiomas by marking true or false next to each of the following.

a) True
b) True
c) True
d) True

e) Histologically, subclassified as capillary or cavernous depending on the size of the vascular channels.
f) Show giant cell inflammatory reaction.

e) All of the above

4) Which of the following is a recommended form of treatment?

a) Generally regresses on its own, especially the superficial one; no treatment required.
b) In some cases, a surgical treatment or lasers may be used to remove the small vessels.
c) Cavernous hemangiomas are generally treated with steroid injections or laser treatments or combination treatment.
d) All of the above are correct.

Dr. Monica Malhotra is an assistant professor at the Sudha Rustagi Dental College in India and also maintains a private practice.

In 2008 she was presented with a national award for the best scientific study presentation by the Indian Association of Oral and Maxillofacial Pathology.

Malhotra completed her master’s in oral pathology at the Manipal Institute, India, in 2009. You may contact her at drmonicamalhotra@yahoo.com.