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Maxillary haemangioma

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Abstract
Maxillary haemangioma is a rare entity. It presents with a painless, slow-growing swelling and if it involves the paranasal sinuses it may present with severe epistaxis, mimicking a malignancy. A case of haemangioma arising in the bony maxilla and causing a cosmetic problem is presented here.

Key words: Haemangioma; Maxilla; Surgical Procedures, Operative

Case report

A young woman presented with a slow-growing, hard, painless swelling in the left cheek of several years standing. There were no other symptoms or recent increase in size. There was no epistaxis, nasal infection or nasal obstruction. There was no eye involvement in the form of diplopia and no evidence of trismus or dysphagia. On palpation the skin over the swelling was mobile and normal in appearance. General physical, haematological and biochemical examinations were within the normal limits.

A computed tomography (CT) scan showed a bony tumour of the medial maxilla extending into the lateral

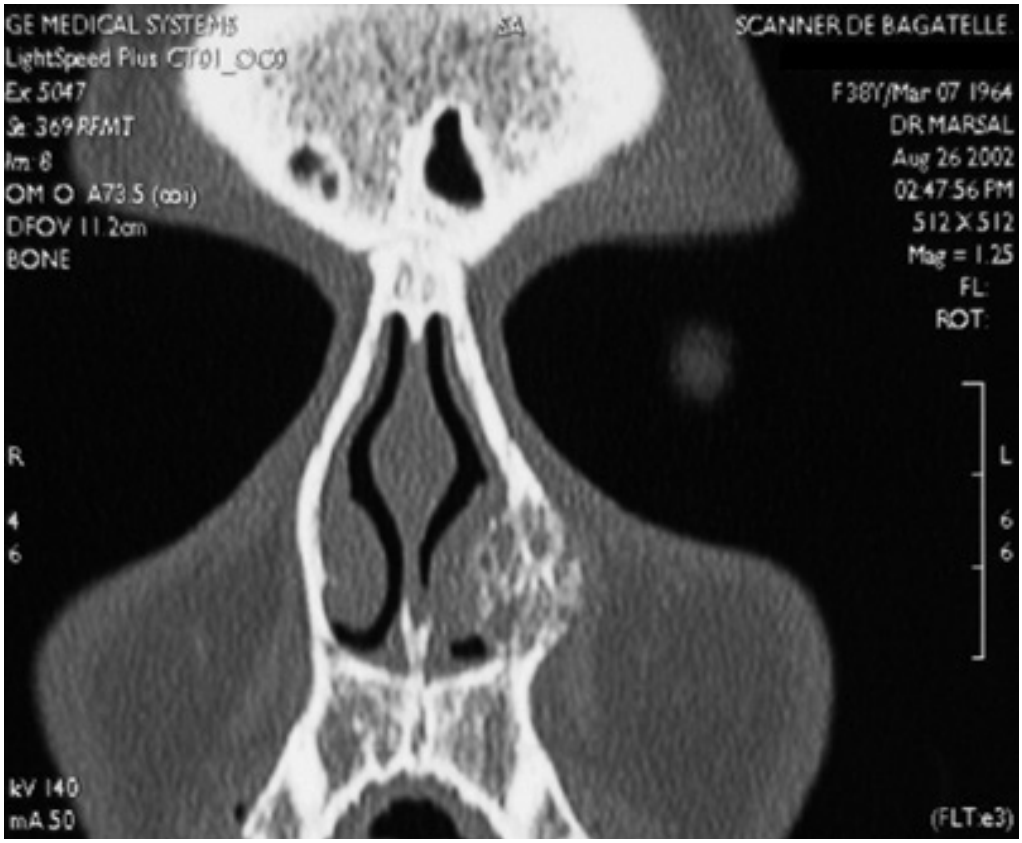

FIG. 1
Computed tomography scan showing medial maxillary wall tumour.

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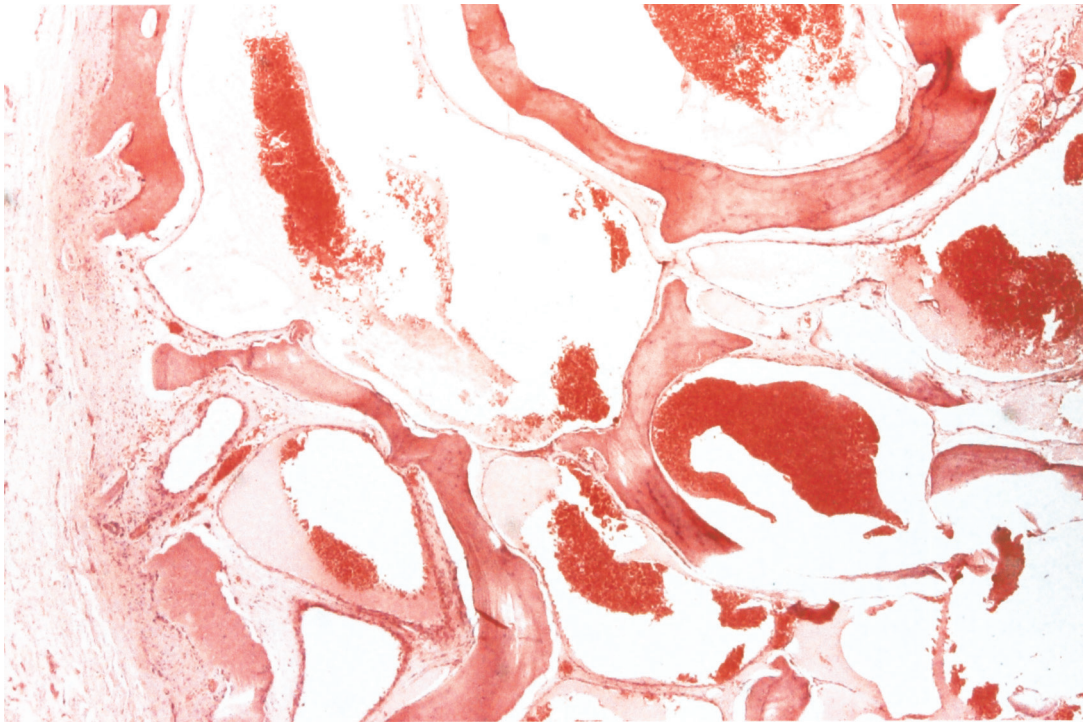

FIG. 2

Light microscopic view of haemangioma showing cortical and trabecular lamellar bone containing congested, thin-walled vessels in a fibrous stoma [H & E; ×60 light magnification (low power objective 4 × 1.5 and eyepiece ×10)].

nasal wall and anterior end of the inferior turbinate (Figure 1).

Histological examination of a biopsy specimen revealed a cavernous-type haemangioma.

A partial maxillectomy was undertaken and the tumour was excised using a mid-facial degloving approach. The nasolacrimal duct was identified and preserved. There was no sign of bleeding during removal of the tumour.

Macroscopically, the tumour mass was a spherical piece of bony tissue measuring 2.1 × 1.5 × 1.4 cm with a smooth surface.

Microscopically, the tumour was confirmed to be a cavernous-type haemangioma. It showed cortical and trabecular lamellar bone containing congested, thin-walled vessels in a fibrous stroma (Figure 2).

Discussion

Haemangioma of the bone is rarely seen in the maxilla. In a review of 3947 cases of bone tumour, 47 were osseous haemangioma out of which only three involved the upper jaw.[1] Until 1990 only 32 cases of maxillary sinus/maxilla haemangioma had been reported and in the last decade only three cases have come to our notice.[2–5]

Haemangiomas should be considered in the differential diagnosis of any maxillary swelling as the biopsy may cause significant bleeding. Different histological findings including fibrous dysplasia and granuloma pyogenicum may also be misleading on biopsy.[6] Insignificant bleeding or auto-haemostasis following tumour removal may suggest that direct connections between the maxillary haemangioma and the large vessels in the neck are unlikely.[6]

Conclusion

Bony tumours of the anterior and medial portions of the maxilla are accessed easily via a mid-facial degloving approach, which leaves no cosmetic scarring and allows excellent visualization and access.[7,8]

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