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RESEARCH ARTICLE

CAVERNOUS HAEMANGIOMA A CASE REPORT

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Abstract

A Cavrnous Hemangioma is an abnormal tangle of tightly packed thin walled capillaries that are probe to bleeding.

Introduction:-

A Cavernous Hemangioma is an abnormal tangle of tightly packed , thin walled capillaries (smallest blood vessy) . The thin walls of these capillaries make hemangiomatous prone to bleeding. The blood within the capillaries is usually slow , moving or not moving at all.

Cavernous Hemangioma mostly occurs in brain, spine or any area of body . A Cavernous Hemangioma looks like a raspberry. It has blood filled spaces separated by connective tissues. Hemangioma can range in size from fraction of an inch to dime-sized or larger

Cavernous Hemangioma can affect about 1 in 200 people. They are usually discovered between the ages of20 and 30 years of age. Although they are quite common, only 1 in 10 people will ever develop symptoms.

A Case Report
A 5 year old child was admitted in our hospital suffering from Pain & Swelling left palm. CT Angiogram showed large non enhancing lesion of about 2.4*2.cm seen in hypothenar muscle of left palm with multiple tiny calcification.

Micro
Histopathological examination of the specimen showed Fibrous tissue containing a few inter communicative vascular channels lines by attenuated vascular channel

Final Diagnosis
Cavernous Hemangioma Left Palm

Symptoms
Swelling & Uneasiness, appear as raised lesions or tumours in the skin Profuse bleeding if injury

Causes
They are more common in
Infants with low birth weight
Premature infants
Causcasian infants

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Most cavernous Hemangioma occur as sporadic form , occur as a single formation with out an apparent cause and without any family history. The sporadic form often has an associated Developmental Venous Anomaly (DVA) which is an irregular vein with a Witches Broom appearance

However roughly 20% of affected people have a genetic(inherited) form of the disorder(familial cavernous malformation syndrome). In many cases , such people can identify similarly affected family members, most often with multiple malformation. A diagnosis of the inherited form can be confirmed by Genetic testing. Genetic testing is often recommended for people who have
MRI evidence of multiple CCMS without a DVA
A family history of CCMS

To date, research has identified three genetic varients responsible for inherited Cavernous Hemangioma malformation have been traced
KRIT 1 also called CCM 1
CCM 2
PDCD 10 , also called CCM 3

Discussion:-

A Hemangioma of skin is an abnormal buildup of blood vessels on or under the surface of the skin. Infantile Hemangioma are a specific type of Hemangioma that appear most frequently on the trunk of the body but they can also appear on the face or neck. They develop soon after birth and can affect both boys & girls. Hemangioma can occur on the top layer of skin or deeper in the body. Treatment depends on a multitude of factors including size ,location, whether or not, they are ulcerated.

Hemangioma look paifull but they don't typically cause any discomfort. They are non-cancerous & complications are rare.

Hemangioma are usually small but they can grow to be quite large. They normally begin as small spots or red patches on the skin that form during the first 2 or 2 weeks of life . Hemangioma in infants tend to grow rapidly for the following 4-6 months. After this period of growt, Hemangioma enter a resting phase. They usually remain the same size for several months or years and then begin to shrink.

Diagnosis
By looking
Biopsy
MRI or CT scan for deeper Hemangioma
Doppler Ultrasound to see blood flow through hemangioma.

Treatment
Superficial Hemangioma
No Treatment
Large Hemangioma. If bleeds & causes discomfort
Surgery
Laser treatment
Topical TIMOLOL MALEATE
for thin or superficial hemangioma
Oral Propranolol
Corticosteroids. - prednisolone
Orally
Topically
Injected into hemangioma
Vincristine
for infantile hemangioma not responding to other treatment

Complications
Ulceration (bleeding)

Vision changes (if hemangioma is on the eye)
Difficulty in breathing (if the hemangioma is large. and in the throat or nose)
Secondary infection

Conclusion:-

Hemangioma, although benign tumour of the vascular endothelium, can cause functional impairment and life threatening complications, Medical, Surgical and embolisation treatment are current option .

Vascular anomalies are congenital lesions of abnormal vascular development. Vascular anomalies were classified in 1982 by Mulliken and Glowacki into vascular tumours which grow by cellular heperplasia and vascular malformation, which represent a localised defect in vascular morphogenesis . Hemangioma are vascular tumours with infantile hemangioma being the most common tumours in infancy.

Infantile hemangioma arises from haematopoitic progenitor cells in the appropriate milieu of genetic alterations and cytokines. Abnormal levels of matrix metathoproproteinase(MMP) and Proangiogenic factors { Vascular endothelial growth factor [VEGF] , basic fibroblastic growth factor [b-FGF] , and transforming growth factor beta 1 [TGF-B 1] play a role in hemangioma pathogenesis . Infantile hemangiomas present shortly after birth as well demarkated , flat and erythematous red patches . They show three distinct developmental phases : proliferation , quiescence & involution .

Earlier nomenclature referred to these manifestation as strawberry, capillary hemangioma, cavernous hemangioma and capillary cavernous hemangioma.

Disclaimer

I declare that I did not have any financial support or obligation, explicit or implied to anyone.

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