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## Adult hemangioma over the lip with frequent ulceration and literature review

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**H**emangiomas are benign tumors of vascular endothelium. They are the most common tumors of childhood occurring in up to 10 percent of Caucasian infants. Despite their benign and self-limited nature, some hemangiomas can cause complications such as ulceration or life-altering disfigurement. Occasionally, it may compromise vital organ function or may occur in association with developmental anomalies. Infantile hemangiomas are characterized by a proliferative phase and an involution phase. In contrast, vascular malformations, which are structural anomalies derived from capillaries, arteries, veins, lymphatics, or a combination thereof, grow in proportion to the child but generally do not regress. Hemangiomas are characterized by phases of proliferation and involution as defined by a rapid proliferation of blood vessels in the first year of life, followed by gradual regression of the vascular component with replacement by fibrofatty tissue. Completed involution occurs at an estimated minimum rate of 10 percent per year, so approximately 90 percent regress by age nine. However, the rate of involution is highly variable. Here I present a case of deep or subcutaneous hemangioma of the upper lip in a 42 years old male patient after he presented with upper lip swelling since childhood. As the patient describes, the swelling was growing slowly and doesn't regress despite he was on systemic and local steroid treatment for a long time. The lesion frequently bleeds as it ulcerates with minor traumas and heals leaving a scar over it. Because of the disfigurement, he used to cover his mouth and could not get married. On physical examination, there was 5cm by 6cm soft, compressible, non-tender mass hanging from the upper lip with an overlying scar. No other site swelling, no organomegaly. The diagnosis was made by clinical exam and FNAC. Abdominal CT scan was done and found to be normal. For the patient's cosmetic concern, we prepare him for operation. We secure the airway, decompress it slowly and then excise the honeycomb-like capillary network together with the redundant skin, mucosa and fibrofatty tissue. Hemostasis secured and the atrophied orbicularis oris muscle and skin were refashioned. He was followed for five days in the hospital and discharged improved. He was seen at the referral clinic repeatedly for about six months and no recurrence. Details of the pathology, diagnosis and management will be discussed.

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