

CUTANEOUS HAEMANGIOMA ASSOCIATED WITH NASAL DEFORMITY

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Summary

A case of strawberry haemangioma with destruction of nasal septum resulting in nasal deformity is reported.

KEY WORDS : Hemangioma, Nasal Septum.

Haemangiomas are common benign vascular tumours. True haemangiomas represent malformations of angioblastic tissues during foetal life. Other lesions classified as haemangiomas actually represent dilatation of pre-existing blood vessels. The clinical spectrum of haemangiomas range from lesions which appear shortly after birth, grow rapidly and ultimately regress, to lesions present at birth, growing rapidly only in proportion with body growth of the patient and remaining essentially unchanged throughout life. Early growth is usually rapid and the growing haemangiomas may cause considerable distortion or deformity of the affected areas in rare cases.

Case Report

A two month old female child presented with few red-coloured raised lesions over the nose, forehead and right side of face since birth. Child

had no other apparent problem at the time of birth. After about 10 days parents noticed few drops of blood coming out from the nose on four or five occasions as well as gradual increase in the size of the skin lesions. After two days brown coloured dry crusts were noticed inside the nasal cavity and finally about 2 weeks after birth it was noticed that the septum in the nasal cavity had dried and got distorted. Patient did not have fever or any other illness during this period.



Fig. Showing lesions of strawberry haemangioma and destruction of nasal septum.

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Examination revealed four lesions of strawberry haemangioma of variable sizes. Two of these present over the forehead were comparatively larger than those present over the nose and right cheek. There was an ulcer over the tip of the nose which was covered with hemorrhagic crusts. There was complete destruction of nasal septum anteriorly, causing deformity. At few places there were only dry haemorrhagic crusts inside the nasal cavity. No other general or systemic abnormality was present. Routine investigations were within normal limits and V.D.R.L. test was negative.

Histopathological examination of tissue taken from one of the lesions was reported as vascular tissue nevi.

Discussion

Margileth et al¹ in his series of 210 patients with haemangiomas, followed without any active treatment reported that complications were infrequent (5%). When encountered, the complications

were ulceration, bleeding and infection, in that order of frequency.

According to Martin² spontaneous regression of a capillary haemangioma probably occurs by a process of thrombosis of feeding vessels. If one of the larger feeding vessels becomes obliterated by thrombosis, necrosis of the area supplied may result in superficial ulceration of the lesion.

On rare occasions ulceration will occur in the centre of haemangioma while rapid growth at the periphery continues. This phenomena appears clinically as an ulceration which is rapidly expanding and extending. A lip, ear or nose may be rapidly destroyed by such a process unless it is halted.

References

1. Margileth AM and Museles M : Cutaneous haemangiomas in children, J Am Med Assoc, 1965; 194 : 523-526.
2. Martin LW : Angiomas in infants and children, Am J Surg, 1964; 107 : 511-517.