



Angina Bullosa Haemorrhagica Simulating Hemangioma

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Abstract

Angina bullosa hemorrhagica is a benign condition usually present with blood filled blisters in the oral cavity without any apparent systemic disease. The awareness of the disease will help in early diagnosis and subsequent management. We hereby describe a case of ABH simulating hemangioma in a 44 year female with recurrent episodes of hemorrhagic lesions in the oral cavity with spontaneous healing without any specific treatment.

Keywords: *blood-filled; hemangioma; hemorrhagic bulla.*

Introduction

Angina bullosa hemorrhagica (ABH) is a benign disorder characterized by one or multiple blood-filled blisters in the oral cavity that could not be attributed to a blood dyscrasia, vesiculobullous disorders, systemic disease or other known causes. The term ABH was coined by Badham in 1967.^[1] The lesion can easily be confused with other mucosal diseases or hematological disorders. The dermatologists and the dentists should be aware of the condition for early diagnosis and treatment to avoid unnecessary investigation burden. We herein describe a case of 44 year female with a single painless blood filled blister at the lateral margin of tongue.

Case Report

A 44 year diabetic female presented with a bright red swelling on the side of tongue. On first impression the lesion looked like hemangioma. When asked about the onset, the patient noticed the lesion shortly after eating food and had similar lesion in the past which healed spontaneously without any treatment that made the diagnosis of hemangioma unlikely. On examination, nontender hemorrhagic bulla of size 3×2 cm in diameter was present over right lateral margin of tongue [Fig1]. Hematological, biochemical and coagulation investigations were normal. Other than these oral lesions, the patient reported no oral conditions and no skin or eye lesions. Based on the specific

presentation, location, and fast regression of the lesion and exclusion of other possible hematological diseases, diagnosis of ABH was kept. No specific treatment was given. The lesion healed spontaneously within 7 days without any scarring.

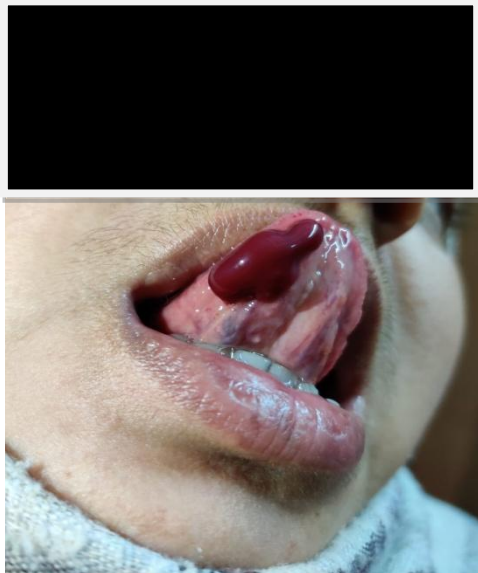


Fig 1: Single, well defined, nontender, haemorrhagic bulla over lateral margin of tongue.

Discussion

ABH was first described by Badham in 1967.^[1] It is characterized by the rapid formation of a blood-filled blister on the oral mucosa. ABH mainly affects the soft palate, but lesions can also involve the buccal mucosa, lip and the lateral surface of the tongue.^[2] The onset is sudden and minor mucosal insults may be involved in the pathogenesis however the exact mechanism of the disease is unknown. Patients usually give history of blister after eating. During chewing, the parasympathetic reflex leads to vasodilation of the oral mucosa. This vasodilatation combined with the trauma of chewing hard food may easily lead to bleeding.^[3,4] Traumas in the oral cavity, such as dental procedures or intubation can also lead to ABH.^[4] Lesions of ABH can be easily confused with those occurring in many dermatological and systemic disorders. Bleeding disorders like thrombocytopenia and von Willebrand's disease can present with blood-filled lesions in the oral

cavity but normal haemostatic function test will aid to the diagnosis of ABH.^[5] Blistering disorders like mucous membrane pemphigoid, dermatitis herpetiformis, bullous pemphigoid, epidermolysis bullosa, bullous lichen planus and other causes often present as a more generalized condition and can be distinguished clinically.^[6,7] The patient should be explained about the benign nature of the condition and spontaneous recovery of the lesion. In case of deeper swelling obstructing the airway an intubation or tracheostomy might be needed.^[8] Only symptomatic treatment of the lesions is recommended. Mouthwash benzydamine hydrochloride can be prescribed in patients with discomfort or pain.^[8] To prevent the superinfection of the blister site, 0.12–0.25 per cent chlorhexidine gluconate mouthwash can also be used.^[9]

Conclusion

The diagnosis of ABH requires high index of suspicion as the lesions are asymptomatic and heals spontaneously without any sequelae. A proper history-taking, physical examination and laboratory investigations should be done to exclude other disorders.

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