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Case Report of Adult's Large Neck and Supraglottic Hemangioma

Hasan Abdulbaki*, Qasem Buhaibeh

Department of Otorhinolaryngology, Primary Health Care Corporation, Qatar.

abdulbaki9@gmail.com

***Corresponding Author:** Hasan Abdulbaki, Department of Otorhinolaryngology, Primary Health Care Corporation, Qatar.*

Abstract

Large adult Supraglottic hemangioma is rare disease. Hemangioma more common in children mostly on the skin. usually evanesce as child grow, The authors reports a case of large neck and supraglottic hemangioma in adult patient. This is rare report of such an association in adult patient.

Keywords: *Adult laryngeal hemangioma; Hemangioma; Laryngeal hemangioma.*

Introduction

Laryngeal hemangioma is rare, seen mostly in children and infra-glottic, In adult they are more rare and usually supraglottic (1), and more rarer to be involve neck and larynx in one patient.

Laryngeal hemangiomapresents with dysphonia, dysphagia, short of breath in advanced cases, mass in neck. Sometimes they present with recurrent bleeding. There is no agreement about treatment modality for laryngeal & cervical hemangioma,we present this rare case for discussion

Case Report

A 34-year-old female was suffering from throat discomfort for long time, patient feels that something moving in her throat when changing her position during sleep or lay down on bed, She has no other complaints, no difficulties in breathing or swallowing, no hoarseness or weight loss. The patient never smokes or drink alcohol and has clear surgical history.

ENT examination by using flexible fibro-optic naso-laryngo-pharyngoscope revealed a dark mass occupying the left piriform fossa extending to left aryepiglottic fold and covering left vocal cord partially, but the cord itself is free, size and position of mass change slightly with breathing, vocal cords move freely, patient has good airway passage. ENT examination otherwise within normal, head and neck examination within normal, no mass can be palpated or inspected, Figure 1 , 2 and 6.

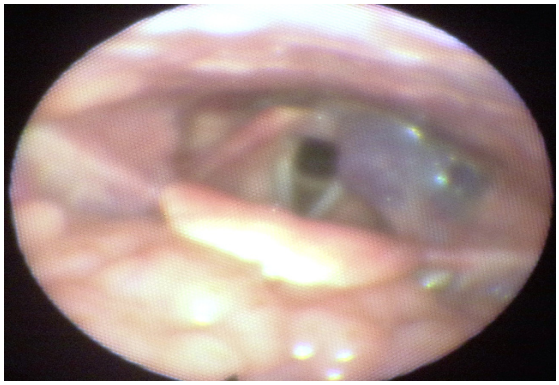

Fig 1. *supraglottic hemangioma , as seen during inspiration, fiberoptic endoscope view*

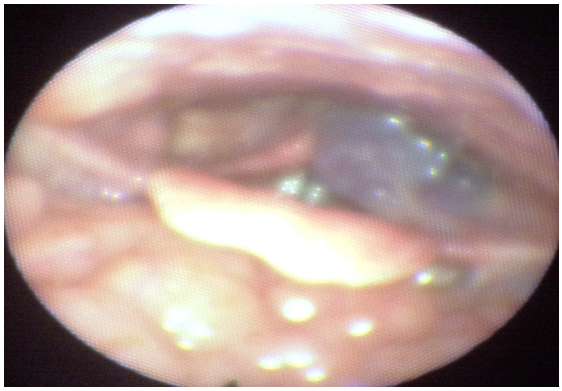

Fig 2. *supraglottic hemangioma as seen during expiration, fiberopticendoscope view*

Clinical systemic examination was within normal except about 10 cm2 area patch of Café au Lait coloring on nape of neck and upper trunk (Figure 3).

Fig 3. *Café au Lait patch*

MRI for larynx and neck report: T2 hyperintense lesion in the left side of hypopharynex and supragloticclarynex crossing the midline to the right, measuring 3.3*3.9*5.3 cm, The lesion is seen in upper paraglottic and preepiglotic fat surrounding the left side of the epiglottis extending to the valleculla on left side, the lesion extend to left aryepiglottic fold , the left pyriform sinus is filled by the lesion, also seen around left lower hyoid bone and left thyroid cartilage, inferiorly, the lesion extend to posterior wall of hypopharynx to the upper aspect of left lobe of the thyroid gland (Fig. 4 & 5). The pattern of enhancement is consistent with clinical diagnosis of hemangioma, No other neck mass lesions are seen. Impression: left hypopharyngeal supraglottic lesion consistent with diagnosis of hemangioma.

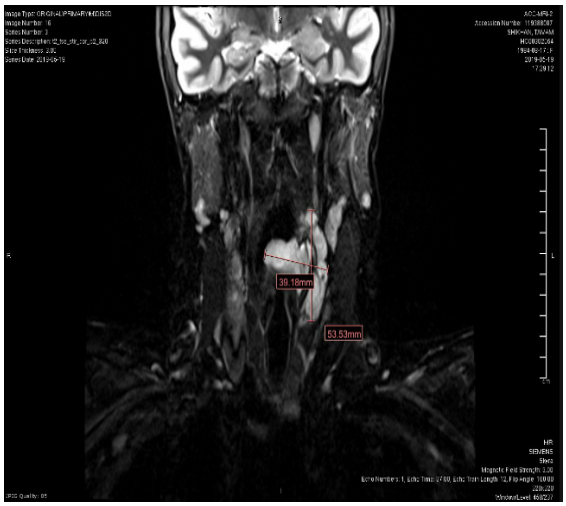

Fig 4. *MRI, T2hyperintense lesion*

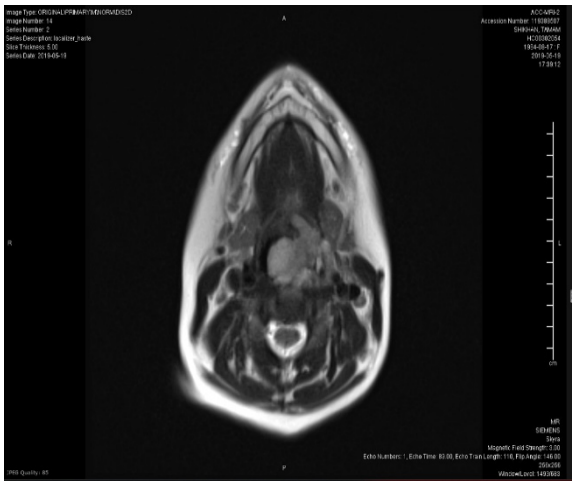

Fig 5. *MRI , T1 lesion*

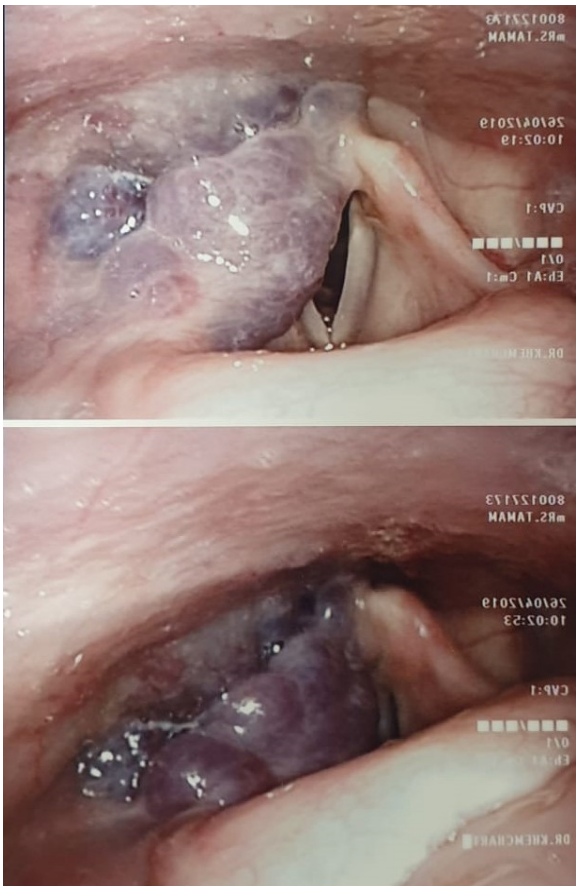

Fig 6. *endoscopic view with solid laryngeal endoscope*

Discussion

MacKenzie, in 1871, was first to describe laryngeal hemangioma(2). Later in 1921, Sweetser differentiated subglottic hemangioma ofinfancy from glottic and supraglottic hemangiomas of adulthood (3). Adult hemangiomas are rare and are more often of cavernous form (4).

Cavernous hemangiomas differ from capillary hemangiomas, because itsvascular channels are larger, less well circumscribed and usually deeperin submucosal tissues (5).

The factors influencing the choice of management are: age, type, size and localization of the tumor, and the patient's discomfort, In comparison to infantile hemangiomas which usually respond to propranolol, the treatment of adult laryngeal hemangiomas is controversial, as There is noconsensus about the most appropriate treatment modality for laryngeal hemangiomas. Hemangiomas are managed according to clinical appearance, education of the family/ patientregarding the natural course; potential complications; treatment indications; and risks, benefits, and expectations of available treatment options

After consulting some collogues worldwide about the optimal management for this lady of neck & supraglottic hemangioma, patient accepted a plan to try propranolol treatment for six months before any invasive procedure, as the patient is asymptomatic.

Starting with 40 mg propranolol/ once a day in single dose, increasing to 40mg three times per day in order to monitor any side effects of medication as patient blood pressure before treatment was 120/80, dropped down after 3 months of treatment to 95/65 without any symptoms .

Propranolol is a nonselective beta blocker, is the first-line agent for hemangiomas, if there are no cardiac or neurovascular concerns

Potential mechanisms of action for propranolol may include vasoconstriction, decreased expression of vascular endothelial growth factor and basic fibroblast growth factor, and/or triggering of apoptosis

After 6 months trial of propranolol treatment, if no response, the treatment options include:

1. Tumor embolization by introducing artificial embolus in the artery suppling the tumor.
2. Laser micro laryngeal surgery.
3. Sclerosing agent injection.
4. Open surgery.

Supraglottic tumor must be managed in proper way, while neck part of tumor does not compress any neck organ, and should be managed as "wait and see"approach, as surgical treatment will be difficult, no grantee of complete resection in addition to potential harm may affect neighboring organs .

Conclusion

This report presented a case of supraglottic hemangioma in an adult female. Adultlaryngeal hemangiomas are often treated surgically, but inour patient, clinical symptoms and bronchoscopic findings were treated using medical treatment propranolol treatment for six months before any invasive procedure, as the patient is asymptomatic.

References

[1] Shapshay SM, Rebeiz EE. Benign lesions of the larynx. In:Bailey BJ, ed. Head and neck surgery otolaryngology. Vol I.Philadelphia: JB Lippincott Co, 1993:630–643.

[2] MacKenzie M (1871) Essay on Growth of the larynx. Lindsay and Blakeston,Philadephia.

[3] Sweetser TH (1921) Hemangiomas of the larynx. Laryngoscope 31: 797-806.

[4] Yılmaz MD, Aktepe F, Altuntaş A (2004) Cavernous hemangiomas of the leftvocal cord. Eur Arch Otolaryngol 216: 310-311.

[5] Iriz A, Durmaz E, Akmansu ŞH, Daglı M, Albayrak L, et al. (2009) Vocal CordHemangioma; A Rare Localization in Adults. Turk J Med Sci 39: 305-307.

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