LYMPHANGIOMA OF BUCAL MUCOSA - A CASE REPORT

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ABSTRACT

Lymphangiomas are uncommon congenital hamartomas of the lymphatic system, usually diagnosed in infancy and early childhood. Oral cavity lymphangiomas are rare. Tongue, palate, gingiva, lip, alveolar ridge, and buccal mucosa are the commonly affected sites in oral cavity. Lymphangioma of the buccal mucosa is very rare. This paper reports a case of the lymphangioma in the buccal mucosa of a 47 year old man.

Key words: Lymphangioma; buccal mucosa; Oral cavity

Introduction

Lymphangiomas are uncommon congenital hamartomas of the lymphatic system, usually diagnosed in infancy and early childhood as lobular masses or cystic lesions. Commonly located at head and neck they are rarely reported in oral cavity. Affected sites in the oral cavity may include the tongue, palate, gingiva, buccal mucosa, lips, and alveolar ridge of the mandible. Preferred oral involvement is the tongue. Lymphangioma of the buccal mucosa is very rare. Occurrence of a lymphangioma in an adult is infrequent.

Histopathogically, proliferated vessels of lymphatic system are lined by plump endothelial cells. The lumens of the lesion contain eosinophilic coagulum with erythrocytes and leukocytes. Surgical excision, laser therapy, sclerotherapy and drainage may be treatment modality for the lymphangiomas. Though rarely met in the oral cavity, lymphangiomas are an eventuality to take into consideration by the clinician. This paper reports a case of lymphangioma in the buccal mucosa of a 47 year old man managed by surgical excision.

Case Report

A 47 years old healthy man was referred to our clinic (Department of Oral and Maxillofacial Surgery, Ankara University Faculty of Dentistry) for tooth extraction in April 2006. On intraoral clinic examination of buccal mucosa near the teeth, a dark blue lesion was observed (Figure 1). Right upper first molar tooth was extracted 20 years ago. Patient's history did not show any significant trauma or any predisposing factor to related area. Patient told that lesion was present for about 10 to 15 years and he faced no complaints for the years. The lesion was painless and approximately 1 centimeters in diameter. After routine surgical preparation, local ring blockage anesthesia (ultracain DS forte) was administered. The lesion was surgically excised including the clean borders 2-3 mm around the lesion subepithelially and lesion was histologically evaluated (Figure 2). Z-plasty applied and wound was sutured. Postoperative antibiotics and analgesics prescribed for 3 days after surgery and at 10th day sutures were removed (Figure 3). Patient is under control of us for 3.5 years in 3 months intervals and no recurrence has been detected.

Discussion

Lymphangiomas rarely affects the oral cavity. There is little publication that mentions a buccal lymphangioma. In the publication of Brennan and friends, 8 of the 47 cases which were seen in oral mucosa were in buccal mucosa. Both sexes are affected equally. Sixty percent lymphangiomas are present at birth, and 90% are detected by the end of the second year. Our patient presented in this case report was 47 years old. At the literature there is no evidence about transformation of lymphangioma to another lesion presently. Besides, though lymphangioma is rare in adults, we do not think any transformation associated with age. Lymphangiomas neither become malignant nor have a familial tendency. Surgical excision, laser therapy, sclerotherapy and drainage may be treatment modality for the lymphangiomas. Surgical excision and laser therapy are the most chosen treatment modality. Recurrence is less among otherin surgical excision if lesion can be totally excised. In our case we preferred surgical excision to excise the lesion totally and decrease the recurrence possibility. Histopathogically, proliferated vessels of lymphatic system are lined by plump endothelial cells. The lumens of the lesion contain eosinophilic coagulum with erythrocytes and leukocytes. Superficial lesions consist of dilated lymph vessels lined by flat endothelial cells in a discontinuous layer immediately.

Figure 1. Presurgical view of the lesion, Figure 2. Tiled with endothelial cells, anastomosing dilated vascular structures (lymphatic veins) (HEX100), Figure 3. 10 days postoperative view.
subjacent to the oral epithelium. Deeper lesions consist of irregular, dilated, and interconnected lymphatic vessels, some of which reveal macroscopic cyst formation. Histopathological restoevaluation of our case revealed characteristic features of lymphangiomas (Figure 2). Lymphangioma may be similar to a number of oral lesions including haemangioma, teratoma, lingual thyroid, dermoid cyst, thyroglossal duct cyst, heterotopic gastric mucosal cyst, and granular cell tumour.

Conclusions
In conclusion, occurrence of a lymphangioma in an adult is infrequent and rarely seen in oral cavity, it is an eventuality to take into consideration by the clinician.

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