



ISSN: 1813-1638

**The Medical Journal of Tikrit University**

Available online at: [www.mjotu.com](http://www.mjotu.com)

العراقية  
المجلات الأكاديمية العلمية  
**IRAQI**  
Academic Scientific Journals

Anas A. Saleh

Department of Surgery,  
College of Medicine, University  
of Tikrit.  
Iraq

**Keywords:**

Tonsillar- haemangioma

**ARTICLE INFO**

**Article history:**

Received 05 oct 2018  
Accepted 17 Jan 2019  
Available online 01 June 2020

**Tonsillar Haemangioma**

**(Case report)**

**ABSTRACT**

*All benign lesion infrequently occur in the tonsillar region, Haemangioma is a benign lesion of blood vessels mostly presented in the skin, but may occurred in mucus membrane, viscera and brain <sup>(1)</sup>. The diagnosis based on clinical examination . Haemangioma is the commonest benign tumor of the head and neck in children(2) , but to be located in tonsillar region is very rare , which is presented in our case, no other associated skin or mucus membrane lesion . Aim : To illustrate rare case of palatine tonsil*

DOI: <http://dx.doi.org/10.25130/mjotu.26.2020.22>

\*Corresponding author E mail : [anas.ahmed@tu.edu.iq](mailto:anas.ahmed@tu.edu.iq)

## Introduction:

All benign lesion infrequently occur in the tonsillar region, Haemangioma is a benign lesion of blood vessels mostly presented in the skin, but may occurred in mucus membrane, viscera and brain<sup>(1)</sup>. The diagnosis based on clinical examination . Haemangioma is the commonest benign tumor of the head and neck in children<sup>(2)</sup> , but to be located in tonsillar region is very rare , which is presented in our case, no other associated skin or mucus membrane lesion . Aim : To illustrate rare case of palatine tonsil

## Case presentation :

26 years old male attended to my clinic in December 2018. He gave history of foreign body sensation in throat , He surprising that he developed mass in (Rt) Tonsillar region.

On examination there's soft (purplish mass) in Right Tonsillar region, **on palpation**, the mass is soft, not tender .

Neck examination showed no lymphadenopathy ,with no other similar lesion in skin or other part of the body .

patient received systemic steroid with spontaneous regression, then for follow up .

## Discussion:

Most common benign tumor of the head and neck in children is the haemangioma incidence 1-2.6% , floor of mouth and the tongue is the commonest site in the oral cavity. Usually presented at birth, gradually increased in size and then subsided gradually at the age of 5 years and the most common haemangioma of head and neck is the cavernous haemangioma and recently have been renamed as venous vascular malformation (2).

**Blood supply:** Tonsillar branch of the facial artery is the main artery supply, branches of the following arteries also supply to the tonsils (Ascending pharyngeal artery, descending palatine artery, dorsalis lingule artery and ascending palatine , branch of facial artery).

Venous drainage: veins emerge on the lateral surface of the tonsils. Paratonsillar vein emerges on the lateral surface and pierces the superior

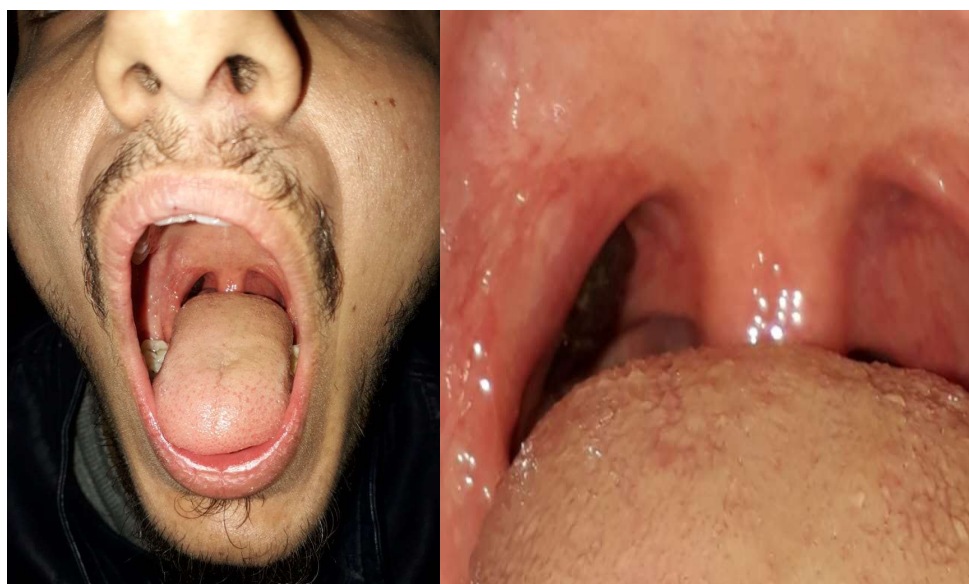
constrictor muscle to the end of common facial vein and pharyngeal plexus veins<sup>(3)</sup>.

**Histologically:** haemangiomas are irregular blood filled spaces lined by single layer of endothelial cell surrounded by connective tissue <sup>(4)</sup>.

Seventy percent of cavernous haemangioma resolved by the time of adolescent and 50% associated with skin haemangioma. But haemangioma may be small , then it will grow with time under the effect of hormonal influence , infection and truma .

Haemangioma may presented with spontaneous or traumatic bleeding

or ulcer. <sup>(2)</sup> No active intervention need in the most of the cases, propranolol may induce vasoconstriction that result in color change within 24 hours , Systemic steroid is the first-line of medical therapy for most complicated haemangioma, mechanism of action is not understood, if no response then  $\alpha$ -interferon and Vin cristin given. If medical treatment failed, then cryosurgery, laser excision , stereotactic radio-surgery is used, surgery indicated if there is infection, ulceration or air way obstruction . <sup>(5, 6)</sup>



### References

1. Kumar V, cotran RS, Robbins ST. Robbins basic pathology. 7<sup>th</sup> edition. Saunders 2005: 355-356.
2. Michael G. George G. Martin JB. Scott Brown's of otolaryngology-head and neck surgery. 7<sup>th</sup> edition. Hodder Arnold 2008. Vol. 2: 1782-1785.
3. Mohammed M. Suhail M. Text book of the ear-nose and throat disease. Jaypee, 2007: 244.
4. Rosai J. Rosai and Ackerman's. surgical pathology. 9<sup>th</sup> edition. Mosby 2004: 2286-2288.
5. Zimmermann AP. Weigunds S., Werner JA. Propranolol therapy of infantile haemangioma. Paediatrics otolaryngology. 2010; 74 (4): 338-342.
6. Fatican Oz, Eroleg, Murate A. Un usual presentation of cavernous haemangioma in palatine Tonsil. Dergisi. 2004; 2:30-34.