Intractable Anemia: A Case of Bleeding Nasal Cavernous Hemangioma

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Abstract Cavernous haemangioma of the nose is rare, but when it occurs it usually presents with severe epistaxis. This nasal pathology is mostly seen in adult patient patients. Standard approach to dealing with such haemangiomas is surgical resection. A 30-year-old woman presented to General Physician with history of haemoptysis, haematemesis and weakness. She was admitted for investigation of her severe anaemia. On examination there was no obvious source of bleeding in the mouth or oropharynx, and Upper GI endoscopy did not reveal any pathology. She was referred to us after a trivial episode of epistaxis. Anterior and posterior rhinoscopy did not reveal any abnormality. Her extreme anxiety made indirect laryngoscopy and post-nasal space examination difficult but no obvious abnormality was seen. Diagnostic nasal endoscopy was done, and a small haemangiomatous mass was found in the postero superior part of inferior turbinate. Excision of the mass was done under local anaesthesia and sent for histopathological evaluation. The mass on histopathology came out to be Cavernous haemangioma.

Keywords Severe anaemia · Cavernous haemangioma · Endoscopic excision

Introduction

Cavernous haemangioma of the nose is rare [1]. It usually presents with severe epistaxis. Cavernous haemangioma rarely presents with haemoptysis or haematemesis. Unlike many haemangiomas, cavernous haemangiomas of the nose usually do not present until adulthood, with a mean age of presentation of around 40 years of age. The standard approach to dealing with such haemangiomas has been surgical resection of the tumour, and ligation or cautery to the feeding vessels [2–4].

Case report

A 30-year-old woman was seen on 17th September 2006, after referral by her General Practitioner, with a 1-month history of haemoptysis, haematemesis and weakness. This occurred every morning, and also at other times throughout the day, and consisted of moderate amounts of bright red colour. Past medical, surgical, gynaecological history did not reveal anything significant. She was admitted for investigation. On examination there was no obvious source of bleeding in the mouth or oropharynx. Anterior and posterior rhinoscopy did not reveal any abnormality. Her extreme anxiety made indirect laryngoscopy and post-nasal space examination difficult but no obvious abnormality was seen. The haemoglobin concentration was 5.9 g/dl with a haematocrit of 0.39. Chest X-ray was normal. Two units of blood were transfused after proper cross matching. Diagnostic nasal endoscopy was done and, a small haemangiomatous mass was found in the postero superior part of inferior turbinate near the post fontanelle of the maxillary antrum. The mass was the size of 5 mm × 5 mm. The mass was excised under local anaesthesia, after which the

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Fig. 1 Histopathological examination showing dilated vessels Cavernous haemangioma

base was cauterized and its mass was sent for histopathological examination. Histopathological examination revealed Cavernous haemangioma (Fig. 1).

Discussion

Cavernous haemangioma of the nose is rare. There has apparently been only one case report of a cavernous haemangioma arising from the inferior turbinate, which was by Shenoj in 1973. His patient was a 36-year-old male, also presenting with haemoptysis. The haemangioma was found to be on the posterior end of the left inferior turbinate.

Cavernous haemangiomas of the nose are not typical of haemangiomas elsewhere on, or in, the body. They tend to present at a somewhat later age, around 40 years old, but in our case the age of presentation was 30 years. Bridger [3] in 1976 reviewed 18 cases from world literature, gender was not documented for three patients, the remaining 15 showed a female to male ratio of 4:1. Our case was a female of 30 years of age.

Our case was unique in the sense that a haemangioma of the size smaller than a pea (5 mm × 5 mm) could produce so much blood loss that the patient required transfusion [5]. Although the haemangiomatous mass was situated in the nasal cavity it hardly produced symptoms of frank epistaxis and the bleeding was mostly posterior producing symptoms of haemoptysis and haematemesis, and despite all investigations rigid endoscopy provided the relevant information and was helpful in treatment of the case [6].

Conclusion

Cavernous haemangioma of the nose is rare. This may have presentation, other than epistaxis. Otolaryngologists must have a keen diagnostic eye to detect haemangioma of the nose having atypical presentation like haematemesis, haemoptysis or severe anaemia. Diagnostic nasal endoscopy is a very useful tool in all such cases of haemoptysis and haematemesis with or without epistaxis.

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