Case report

CAPILLARY HEMANGIOMA OF THE COLUMELLA OF NOSE

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ABSTRACT

Capillary hemangioma is a common condition but a capillary hemangioma arising from the columella of the nose is rare. Here we report a 24 year old man who presented with a pedunculated swelling in the nasal columella. This was excised. Histopathological examination showed features suggestive of capillary hemangioma, the case was presented here due to rare occurrence in the nasal columella. Patients present with epistaxis and cosmetic alterations. Wide excision and cautery of the base gives excellent results.

Keywords: Columella, capillary hemangioma.

INTRODUCTION

Capillary hemangioma arising from the columella of the nose is rare. Capillary haemangiomas can occur anywhere in the nasal cavity and has even been reported in the ethmoids.¹ Congenital lesions of capillary haemangioma have been reported in children.² Capillary haemangiomas can grow in size to produce nasal obstruction, hence earlier surgical intervention is advisable.³ Frequent nose picking with fingers has been cited as etiological factor. Cryo application is one modality of treatment.⁴ Wide excision and cautery is the treatment of choice.

CASE REPORT

A 24 year old person presented with complaints of swelling hanging from the nose of one month duration. He gave history of frequent nose picking with his fingers. To start with the swelling was small in size and has attained the present size (fig 1). He gave history of bleeding from the mass at times. It was not painful. He was also bothered about the cosmetic alteration. On examination a reddish pedunculated mass was seen arising from the columella of the nose on the right side. The stalk was narrow. The size of the mass was about 2 cms. It was nontender, bled on touch, hanging and freely mobile. Anterior rhinoscopy was done. The septum, turbinates and nasal mucosa was found to be normal. Postnasal space was normal. Under Local anaesthesia, infiltration with 2% xylcaine in the columella of nose around the mass was done. The pedunculated mass was excised completely and the base was cauterized with bipolar cautery. A wide excision of the mass was done. The specimen was sent for histopathology which confirmed capillary hemangioma (fig 2&fig 3). The wound was sutured with 3 – 0 chromic catgut. There was no recurrence on follow up.

Fig 1: Capillary hemangioma arising from the nasal columella.

Fig 2: Photomicrograph showing lobular arrangement of thinned out capillaries lined by plump endothelium and thinned out squamous epithelium. (10 X)

Fig 3: Photomicrograph showing proliferation of thinned out capillaries lined by plump endothelial cells. (40 X)

DISCUSSION

Capillary hemangiomas are benign tumours arising from the vascular tissues of skin and mucosa. They are made up of small capillaries which are normal in size but more in number. These tumours may be either flat to the skin, raised or protrude out as a nodule. In our case the hemangioma protruded out as a nodule. They are usually typically bright red in colour. Large capillary hemangioma arising from the nasal columella has been rarely reported. Adult capillary hemangiomas have also been reported in the upper eyelid. In the nasal cavity, cases with capillary hemangioma involving the middle turbinate and in the nasal septum has also been identified. Previous nasal trauma and nose picking has been implicated as possible etiological factors. In our case the cause of the capillary hemangioma could be his persistant nose picking habit. Small tumours like the one reported here can be easily excised and the base cauterized. An argon laser has also been considered by some for the removal of this hemangiomas.

CONCLUSION

Capillary hemangiomas are a common tumour. But occurrence in the nasal columella is rare. Patients present with epistaxis and cosmetic alterations. Wide excision and cauterization of the base gives excellent results.

REFERENCES