

Dermatology Digest

DENISE RIZZOLO, PA-C, PhD; HEATHER KURDALI; THOMAS CHIDO, DDS

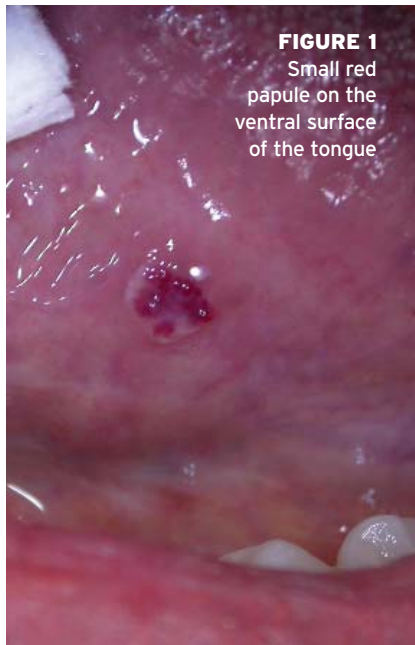


FIGURE 1
Small red papule on the ventral surface of the tongue

Is this small lingual lesion benign or threatening?

Denise Rizzolo is an assistant professor at the Seton Hall University PA program, South Orange, New Jersey, and works at the Care Station in Springfield, New Jersey. **Heather Kurdali** is a student in the Seton Hall University PA program. **Thomas Chiodo** is an oral maxillofacial surgeon in Somerville, New Jersey, and a clinical assistant professor at the University of Medicine and Dentistry, New Jersey, Newark. The authors have indicated no relationships to disclose relating to the content of this article.

›CASE

A 40-year-old female found a small but growing red lump under her tongue (see Figure 1). She did not smoke tobacco or drink alcohol, nor did she have a history of doing so.

The lesion was a nonblanchable, 3-mm, elevated papule on the left ventral surface of the tongue. Manipulation did not elicit pain. Near the lesion was a malpositioned lower premolar. No anterior or posterior adenopathy was observed. Because malignancy could not be ruled out, the patient was referred to an oral maxillofacial surgeon for further evaluation and possible biopsy.

›WHAT IS YOUR DIAGNOSIS?

- *Hemangioma*
- *Squamous cell carcinoma*
- *Erythroplakia*
- *Epulis*

›DISCUSSION

Microscopic examination of the excised lesion revealed oral mucosa with numerous dilated endothelial line spaces separated by septae of fibrous connective tissue within the lamina propria consistent with a hemangioma.

Hemangiomas are benign proliferations of vessels closely resembling normal vessels. At least a third of all hemangiomas are found in the head and neck region.¹ Fourteen percent of hemangiomas occur in the oral cavity, most commonly the lip mucosa, followed by the buccal mucosa and lateral borders of the tongue. Hemangiomas occur at any age but are more common in older people.^{1,2} The lesions blanch with compression. This lesion did not blanch and was in a common location for squamous cell carcinoma (SCC), making diagnosis on examination alone problematic. Histology was confirmatory. The cusp of the malpositioned premolar may have caused a traumatic irritation that stimulated lesion growth. Treatment is complete surgical excision; rate of recurrence is low.

SCC is the most common oropharyngeal cancer. Arising in the mucosal epithelium, SCC most often occurs in the fifth decade of life or later³ as a chronic, indurated ulcer or sometimes a red macule in early stages. Long-term tobacco use is implicated in more than 80% of patients, making the likelihood of SCC in this case very low but not impossible based on lesion location.

Erythroplakia is a premalignant condition that manifests as a red, hyperkeratotic change in the mucosa. It can appear as a soft, velvety red macule or plaque most often on the floor of the mouth, tongue, or soft palate. Approximately 60% of cases progress to oral cancer, specifically SCC.³ Treatment is surgical removal with close monitoring for recurrence. Trauma from a malpositioned tooth does not predispose a lesion to cancerous or precancerous changes, making this diagnosis unlikely.

An epulis is a benign reactive lesion usually caused by chronic trauma to the oral mucous membrane. Common locations are the gingival tissue, followed by the buccal mucosa, lateral border of the tongue, and lower lip. Appearance varies with etiology and may range from a pale to pink, nonpainful lesion to a red, inflamed area with associated pain.² Treatment is surgical removal; recurrence is common if the local irritating factor is not removed. The diagnosis of epulis was excluded based on histology.

Six months later, the patient was doing well. She has had no recurrence of the hemangioma. **JAAPA**

Joe R. Monroe, PA-C, MPAS, department editor

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