



Aesthetic and Functional Rehabilitation of a Malformed Lower Lip due to Angioma

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CJM, female, Caucasian, 12 years old. The main concern was the aesthetical change in the right side of her lower lip which presented an increased size and reduced functionality (Fig 1). Lesion occurred when the patient had 7 months.



Fig.1

A soft consistency, painless to palpation, bluish swelling was observed when performing the clinical exam. It was located on the mucosa of the right lower hemilip with an area of 25X20X10 mm going through the internal face of the lower



Fig.2



Fig.3

lip with an area of 25x12mm (Fig.2).

Clinically, the deformation was vascular lesion compatible, having positive diascopy. The extraction of tumor content revealed a small blood entrance featuring the low lesion blood flow (Fig 3).

TREATMENT – 2 SESSIONS

1 – After the infiltration anaesthesia lidocaína 2% (Xilonibsa®, 1:80.000, Portugal), the tumor was approached by the internal face of the lip. The first session started by following the lesion edges (safety margin 1mm) with 2.0W power (Fig. 4), and 2.5 to 3.0W continuous mode, 400µm fiber in contact with the tissue for the excision. The specimen was sent to histological analysis. Results confirmed the vascular lesion indicated by clinical diagnosis (Fig 5) The wound stayed open for healing by second intention. Control sessions were made in days 3, 11 and 21 (Fig. 6, 7 and 8)



Fig 4. Lesion edges

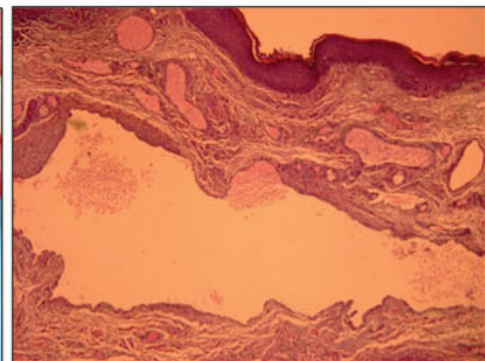


Fig 5. Histology, H+E 5x



Fig 6. Clinical presentation 3 days after



Fig 7. Clinical presentation 11 days after



Fig 8. Clinical presentation 21 days after

In the second session, the lesion remains excision was made according to the aforementioned parameters (Fig. 7);



Fig 9. Lesion edges

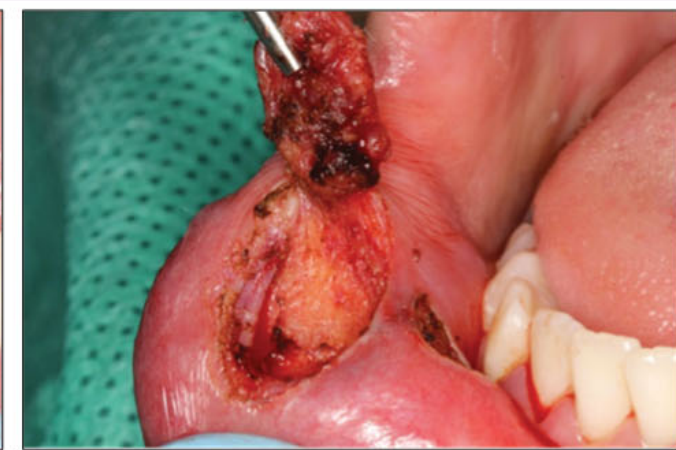


Fig 10. Lesion resection



Fig 11. Clinical presentation 3 days after



Fig 12. Clinical presentation 3 months after

Postoperative care: application of chlorhexidine 2% gel. Cream FPS 50 (Avène®, France) between 21 days and 3 months. Paracetamol (1g) in the first 48 hours following treatment.

DISCUSSION

The vascular lesion diagnosis can be made by its clinical aspect, through a diascopy maneuver and puncture which, if arterial, causes pressure in the syringe plunger making it rise (1,3). Diode LASER (980nm) was chosen for this treatment due to its haemoglobin high affinity, its cut and clotting abilities and its easy handling (3,4,5). The vascular malformation diagnosis was based on the patient history and clinical observation since the tumor didn't regress and it is trauma associated. Histologically, it was observed a high increase in the number of small blood vessels, coated by a single layer of endothelial cells and separated by fibrous septa (6).

CONCLUSION

Resection of vascular lesions with diode laser promotes a reduced bleeding during surgery, a reduced operating time and a postoperative with minimal discomfort and pain. All wounds were completely re-epithelized in 21 to 30 days.

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Fig.13 Clinical presentation 6 months after – labial mucosa



Fig 14. Internal face of labial mucosa