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## Vascular malformation lower lip

Chetana Sneha\*, Imran Motesham and Priyal R Oral and Mcillo facial pathology department, Jenepo College of Dentistry, Jenepo University, Mangalo, India \*Its author: Yenepo Dental University Jenepo University Road, Derarake, Mangalu, Karnataka 575018, India Tel: 91964166616 Acceptance Date: August 28, 2018; Published: August 30, 2018 Citation: Sneha C, Mohtesham I, Priyal R (2018) Vascular deformities of the upper lip – case report. Med Case Officer Vol.4 No.3: 83. DOI: 10.21767/2471-8041.100119 Medical Case Report Abstract Vascular Abnormalities (VM) account, one of the most difficult diagnostic and therapeutic intolerances that can occur in the practice of medicine, visit for more relevant articles. This lesion is the result of embryonic abnormalities in the vascular system. The main feature of vascular deformities is that they never show signs of profanity. It is the most common neoplasm of infants. Clinical presentations are very protealy and can range from asymptomatic rebellion to life-threatening bleeding. Here we present a case of vascular deformities on the upper lip of a 4-year-old patient. benign vascular lesions; Vascular deformities; Bleeding; Introduction to neoplasms benign vascular lesions are abnormal syplasia of blood vessels or endothelial cell proliferation. Benign oral vascular lesions were observed to represent 6.4% of all diseases diagnosed by oral diagnostic services [1,2]. The two most common types of vascular birthdefects are vascular and vascular deformities that may seem very similar, but their processes and treatments are [3,4]. About 12% of newborns are thought to have angiogenesis, but most of them disappear during the first year of life but instead vascular deformities always exist in birth, even though they may not be obvious. Hemangiomas disappear with age, but vascular deformities grow spontaneously over time. Thus, in general, most vasodilators can be regarded as unimportant tumors that do not require any treatment except for aesthetic correction [4]. Based on biological behavior, VM may be broken down into low flow and high flow lesions [5-7]. Oral vascular deformities are prevalent in six and seven decades of life. With hisoriapathy, it shows the cessation of blood and the proliferation of endothelial cells. Surgical incision behind the color phone is the treatment of choice for such lesions [8]. The common complication of such lesions is excessive bleeding during resection. Here we report cases of vascular deformities seen in the upper lip of patients for four and a half years. A case report reported to OPD that a 4-and-a-half-year-old patient had a major complaint of swelling in the left upper lip. The patient's mother gradually gives a history of swelling seen after six months of birth Over time, there is a size. In clinical trials, the swelling was large, sessile, measuring about 4 × 4 cm. The swelling was smooth with irregular surfaces and consistency. The overheating mucosa was normal. An enlarged vein was visible and pulsations did not exist. There was no history of pain and sensation (Figure 1). Samples from the total test was measured about 3 × 3cm, reddish brown, consistency is smooth (Fig. 2). Figure 1: Preoperative image showing swelling of the upper lip. Figure 2: An image showing a total sample. Histological features showed connective tissue exhibiting several RBC vessels filled with various sizes and natural vessels, ranging from small-sized capillaries to medium-sized arteries interspersed with a perforated array of suggestive vascular channels of vascular deformities (Figures 3 and 4). The lesion was surgically excised (Figure 5) and the patient asked for a follow-up to confirm the recurrence. Figure 3: An image showing multiple blood vessels and the extravagant RBC (4x). Figure 4: An image showing a high power (10x) blood vessel. Figure 5: Post-treatment post-operative image. Benign vascular lesions are more than a blood vessel or endothelial cell proliferation, benign oral vascular lesions 1982 pathological features, that is, it was observed to represent 6.4% of all diseases proposed blood vessel abnormalities on the basis of vascular abnormalities. According to this classification, vascular abnormalities were classified into two categories: (a) vascular proliferation neoplasms (b) vascular deformities. Vascular deformities undergo less endothelial cell turnover (proliferation and mitosis) compared to vasodilation neoplasms. Instead, the VM is a structural abnormality of the arteries that grow in vein, lymph, capillary and the proportion of children [9]. Enlargement of vascular lesions is due to changes in flow and pressure, expansion of the vascular channel and incidental proliferation [8]. Active endothelial cells are an important feature in all series that match the ongoing vascular lesions, but it is unclear whether endothelial proliferation is the primary event or outcome due to vascular expansion through the hemodynamic mechanism[1]. Table 1 shows the difference between angiogenesis and vascular deformities. Vascular deformity A vascular deformity at birth port gioma may or may not always exist at birth, they are a true benign neoplasms of endothelial cells as a result and there is a local defect of vascular formgen. In the formation of abnormal torture and enlarged vascular channels, women more commonly affected 3:1 (Mulliken and Glowacki) vascular deformities show that sex tendency Hemangiomas is also not known as port weinstein , strawberry haemangioma, salmon patch. Vascular deformities are also known as lymphocytes and arteries. Vascular macromsies. Growing faster than a child's growth expands in proportion to the child's growth over time, making it smaller and lighter in color. They do not spontaneously fire and may become more apparent as the child grows. Mast cells known to play a role in sulfur-induced substances increase during the proliferation phase. There is no increase in mast cells. Table 1: Differencebetween hemangioma and vascular deformities. VM is (a) slow flow (b) is broken down into high-flow deformities. Slow flow VMs have a prevalence of 1% in the overall general population. The most common types of these subtypes are venous, lymphatic and lymphatic deformities. Venous deformities are formed by the expansion of superficial and deep veins due to thin walls lacking soft muscles. The lymphoma of deformities occurs due to a set of lymphatic vessels filled with serous fluid. Poison lymphocytes are rare [9]. High flow VM is a silent deformity and anterior gold fusula. They are characterized by the formation of clusters of arteries and venous channels without the formation of solid mass. Clinical presentations represent a very significant variety and can range from asymptomatic rebellion to life-threatening bleeding. These lesions usually occur in the area of the head and neck with a tendency for the oral cavity, respiratory and muscle groups. The overall incidence of VMs is about 1 in 10000 people. They may continue to grow throughout the patient's life. Many patients with vascular deformities may be misdiagnosed with hemangiomas [8]. Conclusion, oral VMs are more frequent in the upper lip, boucal mucous membranes and lower lips and do not exhibit gender bias [2]. Vascular deformities can cause significant morbidity and even death in both children and adults. Blue rubber colon birther syndrome, the laming-some syndromes, such as mucosal vein deformities (VMCM), glomour venous deformities (GVM) are associated with vascular lesions [6]. Investigations include MRI, CT and Doppler US. Benign oral vascular lesions can be treated by curing therapy, systemic corticosteroids, interferon  $\alpha$ , lasers, embolism, cryotherapy and surgery. Management and treatment decisions depend on the age of the patient and the site and size of the lesion. The first line of treatment of the VM includes a color phone. Complete surgical ablation or combination therapy is also suggested in children [9]. See oral hemangioma, vascular deformities and crunches in the Brazilian population (2007) in Correa PH, Nunes LC, Johann AC, Aguirre MC, Gomez RS, et al. Braz Oral Les 21: 40-45. Redondo P (2007) vascular deformity (I). Concept, classification, etial and clinical function. Actas der Moshimilog 98: 141-158. Foco F, Brkic A (2013) vascular abnormalities in the maxillofacial region: diagnosis and management. Intech Open. 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