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LOBULAR CAPILLARY HAEMANGIOMA OF THE NASAL CAVITY IN PREGNANCY: A CLINICAL CASE STUDY

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Abstract:

This article presents a case of nasal haemangioma, a patient in the 32nd week of pregnancy, whose main complaints were the following symptoms: absence of nasal breathing, anosmia and recurrent nosebleeds, marked nasal dyspnoea. Treatment consisted of complete removal by endonasal resection. The patient underwent endonasal resection. Vascular tumours of the nasal cavity can occur in men and women of any age. They can occur in men and women of any age group. This article presents a case of nasal haemangioma diagnosed in a patient at 32 weeks of gestation.

Keywords: capillary haemangioma, nasal septum, nasal bleeding. nasal cavity, pregnancy, pathology.

INTRODUCTION. Haemangiomas are benign tumours arising in the vascular tissue of skin, mucosa, muscle, glands or bone. Capillary lobular hemangioma (CLH), also known as pyogenic granuloma or granuloma of pregnancy, is a rapidly growing lesion with extensive endothelial proliferation. This lesion usually appears in the oral cavity and rarely in the nasal region. The etiology of DCG in pregnancy remains unclear.

The most widely accepted hypothesis is that this lesion may be the result of an interaction between local irritants and a subsequent inflammatory tissue response enhanced by female sex hormones produced during pregnancy. DCG resolves mostly after delivery, and endoscopic endonasal total excision is usually the definitive solution.

CLINICAL CASE

A patient (30 years old), 32 weeks' pregnancy, was admitted in September 2022 with complaints of loss of nasal breathing, anosmia, recurrent nasal bleeding from the left side of the nose, marked nasal dyspnoea on the left side and dry mouth. The above symptoms were noted since August 2023. The history revealed that the first left-sided nosebleed occurred at 30 weeks' gestation, with systemic arterial pressure rising to 140 and 80 mmHg. The bleeding was stopped with a soft anterior tamponade. The patient noted that the intensity and duration of nasal bleeding increased with each subsequent time. The indicators of the haemostasis system, haemoglobin level in the pregnant woman's blood were within acceptable values. Two weeks before admission, an ENT doctor performed an outpatient endoscopy of the nasal cavity and found a polyp-like neoplasm on the left side of the nose, which bled on palpation. An MRI of the nose and sinuses (without contrast injection) was performed, which revealed a rounded tissue mass in the left nasal cavity, filling the posterior part of the nasal cavity from the middle of the left middle nasal shell to the left choana, with axial dimensions of 2.5x2.0 cm and vertical dimensions not more than 3.0-3.5 cm. The neoplasm was partially pushed back, resulting in destruction of the nasal septum.Biopsy of the neoplasm was accompanied by massive bleeding. Histological examination (capillary hemangioma) showed that the tumour consisted of small dense capillaries (Fig.1).General blood analysis: Hb - 80; eryth. - 3.0; CP - 0.9; leuk. - 10,8; COE - 23 mm/s; Sver. According to Sukhorov - 2.4 at the beginning; end. - 3.8; thrombus - 188; eos - 6; neut: pall.yad - 5; segm.yad - 82; lymph - 53; mono - 11. ECG: No pathology.

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Fig. 1. Capillary hemangioma, hematoxylin-eosin staining (x120)

During the five-day hospitalisation, preliminary haemostatic therapy with 5 ml of 5% Trexamine solution, intramuscularly once a day, was performed to prevent intraoperative bleeding. Under local anaesthesia of the nasal mucosa (2 ml of 10% lidocaine solution), endonasal removal was performed. Haemostatic swabs were used to stop bleeding on both halves of the nose. In the postoperative period, the patient received prophylactic haemostatic therapy and systemic antibacterial therapy under the supervision of a gynaecologist. On the second postoperative day, the tampon was removed from the nasal cavity and a cotton swab with antiseptic ointment was inserted. Further nasal irrigation with saline solution was recommended for a month. The nasal mucosa was pink, nasal passages were unchanged, there was no discharge, nasal breathing was free, at the control examination after 21 days (15.11.22) the patient complained of nasal congestion and dryness of the nasal mucosa.

The postoperative period was without complications. The nasal passages were washed daily (twice a day). The patient was discharged on the 5th day in satisfactory condition. Biopsy data did not change in comparison with preoperative data (final diagnosis: capillary haemangioma of the nasal septum with erosions).

One month after surgery, the patient continued tamoxifen therapy (20 mg/day). Against this background, a mucosal thickening was detected at the upper edge of the nasal septal perforation during a routine repeat anterior rhinoscopy, which was excised on 11 February 2023 under local anaesthesia using a high-frequency scalpel. Biopsy revealed that the thickening was a haemangioma. No postoperative complications were observed. The patient is under outpatient observation.

Three months after discharge, the patient returned to the hospital due to nose bleeding and headache. A repeat CT scan showed no evidence of a volumetric mass. At 6 months postoperatively, the patient had no complaints and did not suspect recurrence of the neoplasm. Microbiological analysis was negative. Thus, functional disorders and nasal bleeding did not completely disappear with conventional treatment.

CONCLUSION: Lobular capillary haemangioma in pregnancy is a benign condition that usually presents in the third trimester. The most common clinical presentation is nasal bleeding. Nasal DCH can be treated surgically with a relatively low risk of recurrence.

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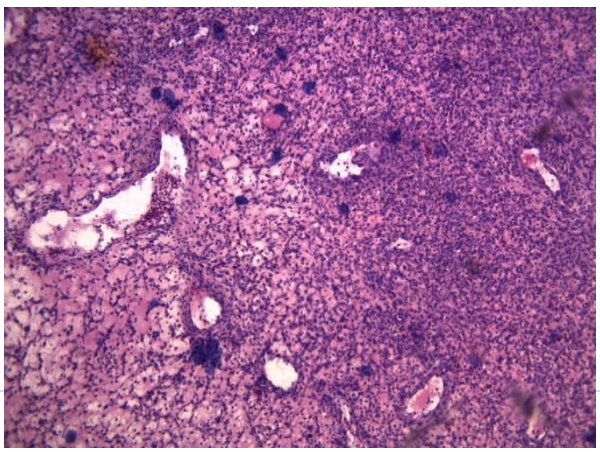

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