



## Oral Angioleiomyoma of the Lower Lip: A Case Report

### Alt Dudakta Anjiyoleiomyom: Olgu Sunumu

Oral Anjiyoleiomyom / Oral Angioleiomyoma

İbrahim Damlar<sup>1</sup>, Halil İbrahim Kısa<sup>2</sup>, Ufuk Tatlı<sup>2</sup>, Ahmet Altan<sup>1</sup>, Sibel Hakverdi<sup>3</sup>

<sup>1</sup>Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Mustafa Kemal University, Hatay,

<sup>2</sup>Department of Oral and Maxillofacial Surgery, Faculty of Dentistry, Çukurova University, Adana,

<sup>3</sup>Department of Pathology, Faculty of Medicine, Mustafa Kemal University, Hatay, Türkiye

#### Özet

Leiomyom sıklıkla uterine miyometriyum, gastrointestinal sistem, deri ve alt ekstremitelerde görülen, benign düz kas tümörüdür. Leiomyom nadiren ağız boşluğunu etkiler. Anjiyoleiomyom (vasküler leiomyom) leiomyomun histolojik bir tipidir ve genellikle histopatolojik inceleme ile tespit edilir. Bu olgu sunumunda 35 yaşındaki erkek hastada alt dudakta görülen anjiyoleiomyom bildirildi. Cerrahi ekizyon sonrası, hematoksilen-eozin ve düz kas aktin boyama ile anjiyoleiomyom tanısı doğrulandı.

#### Anahtar Kelimeler

Anjiyoleiomyom; Dudak; Olgu Sunumu

#### Abstract

Leiomyoma is a benign smooth muscle tumor that occurs most frequently in the uterine myometrium, gastrointestinal tract, skin and lower extremities. Leiomyoma rarely affects the oral cavity. Angioleiomyoma (vascular leiomyoma) is a histological subtype of the leiomyoma. The diagnosis is commonly determined by histopathological studies. This case report shows a 35-year-old male patient with a lesion of the lower lip. After surgical excision, hematoxylin-eosin and smooth muscle actin staining confirmed the diagnosis of angioleiomyoma.

#### Keywords

Angioleiomyoma; Lip; Case Report

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Corresponding Author: Ahmet Altan, Tayfur Sokmen Kampusu 31100 Antakya, Hatay, Turkey.

T.: +90 3262291000 E-Mail: dt.ahmetaltan@gmail.com

## Introduction

Leiomyoma is a benign smooth muscle tumor that can appear any location, being the most frequent site the female genital tract (95%), followed by skin (3%) and gastrointestinal tract (1.5%). Approximately 1% of leiomyoma occur in head and neck structure [1]. Only 0.065% of the leiomyomas had an intraoral location, caused by the lack of smooth muscle at this site [2]. When detected they are typically found on lips (lower/upper), tongue, palate (soft/hard), buccal mucosa and are rarely gingiva, buccal or labial sulcus, floor of mouth and mandible [3]. Most of the angioleiomyomas are well-defined, typically painless and slow growing lesions, with less than 2 cm in diameter and a color which can vary between white to blue [2,3]. In terms of clinical presentation, it is very difficult to differentiate a leiomyoma from other mesenchymal tumors: the diagnosis is mainly made by histopathological examination [3]. Surgical excision is the main treatment of leiomyoma and recurrences are rare.

## Case Report

A 35-year-old man was referred to our faculty clinic of Dentistry Department of Oral and Maxillofacial Surgery because of a lesion in his right lower lip, which had been there for about five months. During clinical examination, we noticed an exophytic, nodular, red, well outlined lesion measuring about 2.5 cm x 3 cm in diameter, located on right lower lip (Figure 1). The patient had no other dentoalveolar symptoms and no sign of local infection. He was not taking any drugs, but he was smoker and drinker. His medical and family history was not remarkable.



Figure 1. Clinical appearance of the lesion showing exophytic, nodular, red-colored, and well-outlined characteristics; located on the right lower lip.

The lesion was surgically excised under general anesthesia with scalpel. An elliptic incision was made to fully enucleate the lesion along with the overlying mucosa (Figures 2a and 2b).

Antibiotic therapy was given to the patient: amoxicillin 1 g per IV 30 min before the surgery and 500 mg / 8 h per oral during following 6 days. An analgesic (naproxen sodium 275 mg) and antibacterial chlorhexidine gluconate rinse (0.12%) was prescribed for following 1 week. The specimen was fixed in 10% formalin solution. Histological examination that made with hematoxylin-eosin (Figure 3a) and smooth muscle actin staining (Figure 3b) revealed the diagnosis of angioleiomyoma. Necrosis, atypical mitosis and pleomorphism weren't observed

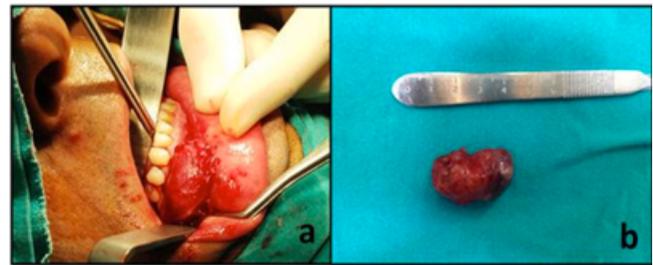


Figure 2. An elliptic incision was made to fully enucleate the lesion along with the overlying mucosa(A). Clinical appearance of the excised lesion measuring about 2.5 x 3 cm in diameter(B).

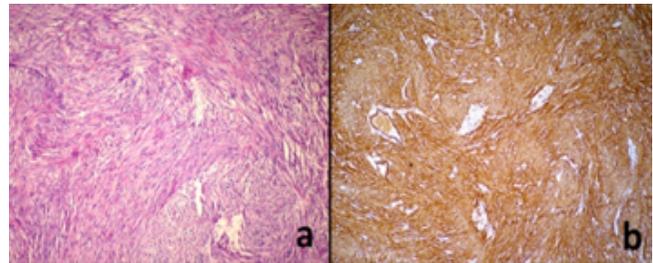


Figure 3. The tumor is formed by interlacing bundles of smooth muscle cells (HE x 200)(A). The tumor cells are immunoreactive for smooth muscle actin (SMA x 100)(B).

in the histological examination.

The postoperative course of the patient was uneventful with 7 days of follow-up. The issue was completely healed and there was no sign of scar. There was no recurrence at 6 months of follow-up.

## Discussion

Oral leiomyomas may appear at any age, but the greatest prevalence is in the 40-59 years age groups with gender preference for female [4]. In this report the patient was a 35-year-old male. Oral cavity leiomyomas are uncommon lesions, representing 0.016% to 0.065% of all leiomyomas [3,4]. Leiomyomas are identified by their smooth muscle cell lineage and are histomorphologically classified as either solid, angioleiomyoma or epitheloid types. According to World Health Organization classification of tumors of soft tissue (2002), the most frequent type is angioleiomyoma with a 74%, followed by solid leiomyomas with a 25% and there is only one case of an epitheloid leiomyoma described in the literature [5].

Leiomyomas are rare in the oral cavity because of lack of smooth muscle. They are typically found on lips, tongue, palate and buccal mucosa. Brooks et al [3] showed that the most frequently reported site was the lip (48.6%), followed by the palate (21.1%), buccal mucosa and tongue (each 9.2%), mandible (8.3%) and buccal sulcus, labial sulcus, floor of mouth, and gingiva (each 0.9%). Although most mucosal lesions varied in size from a few millimeters to 2 cm, our patient's lesion is greater than 2 cm. Although angioleiomyomas are vascular lesions, only 55.9% of cases appeared red, blue or purple, the remainders were gray, white, or color of normal mucosa [3]. Oral angioleiomyomas are generally well-defined, nodular, painless, slowly enlarging lesions. However, some central lesions can be painful [6].

The clinical differential diagnosis relevant to angioleiomyoma usually includes other benign mesenchymal tumors (fibroma, neurofibroma, lipoma or leiomyosarcoma), salivary gland neo-

plasms (mucoccele, pleomorphic adenoma), vascular tumors (eg lymphangioma, hemangioma, pyogenic granuloma) and soft tissue cysts (dermoid cysts). When the tumor located in hard palate, adjacent to teeth can be confused with a periodontal lesion [3].

The treatment of choice for oral angioleiomyomas is surgical excision. In spite of vascular component, profuse bleeding during removal is rarely seen [3,7]. Despite rare, recurrence has been reported. Thus, it is important to obtain a complete resection in order to avoid recurrences. About 5% of leiomyomas show local recurrence. This has been attributed to incomplete excision or deeply situated lesions. Until now no case of malignant transformation has been reported in literature [7].

### **Çıkar Çakışması ve Finansman Beyanı**

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