

Mucosal varicosities: case report treated with monoethanolamine oleate

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ABSTRACT

We reported a case of varicosities in the buccal mucosa treated with sclerotherapy. The sclerosant agent used was the monoethanolamine oleate. After three sessions the lesions disappeared and the patient is follow-up.

Key words: Sclerotherapy, monoethanolamine oleate, treatment, oral varicosities.

RESUMEN

Describimos un caso clínico de varices en la mucosa yugal que fue tratado con escleroterapia. El agente esclerosante usado fue oleato de monoetanolamina. Después de la tercera sesión las varices desaparecieron y la paciente mejoró.

Palabras clave: Escleroterapia, oleato de monoetanolamina, tratamiento, varices orales.

INTRODUCTION

Hemangioma, vascular malformation and varicosities are benign lesions of blood vessels frequently found in the head and neck regions, including the oral mucosa and lips (1). Mulliken & Glowack in 1982 (2) differentiated the generic term hemangioma in two entities: vascular malformation and hemangioma. Recently, in the oral mucosa, vascular malformation has gained a separated recognition from that of hemangioma (3).

Varicosities are acquired lesions of a vein, artery or lymphatic vessels abnormally dilated and winding, which causes are uncertain. Age, tissue loosening and increase from the venous pressure are predisposing factors. The varicosities are rare in infants, however common in adults (4). The incidences of oral varicosities was 59.6% in elderly Thai patients and the varicosities veins under the tongue was 4.0% in patients of Finland (5,6). Oral varicosities presented as purplish blue spots, nodules or ridges, usually asymptomatic. Most commonly involved the lingual venous veins or vessels of the ventral surface of the tongue and the floor of the mouth. Lips and buccal mucosa are less common sites. The history and a careful physical examination are sufficient to establish a clinical diagnose in most of cases of oral varicosities (4-6).

Oral varicosities localized on the lips or buccal mucosa are prone to trauma and so treatment should be considered to these cases. Cryosurgical has been used in the management of the oral varicosities (7). We reported a case of mucosal varicosities treated with sclerotherapy.

CASE REPORT

A 60-years-old white woman was referred to the Oral Medicine Clinic of the Dentistry School (UFMG) to evaluate painless lesions in the mouth. Medical history revealed controlled systemic arterial hypertension and varicosities of the legs. At the intraoral examination three bluish purple nodules were present. Two lesions were displaced on the right side of the buccal mucosa adjacent to the oral commisure and measuring about 10x10mm in diameter each one, and the other nodule was sublingual and measuring about 5x5mm (Figure 1A). The patient reported that these lesions had been present for 20 years. Clinical history and examination led to the diagnosis of mucosal varicosities and they were treated with 2.5% monoethanolamine oleate (EO). The treatment consisted of intraluminal injection of 1.0ml 2.5% MO divided in four or five points. The intraluminal position was confirmed by blood aspiration. After the solution being slowly injected, the lesions were compressed with cotton gauze. The patient was submitted to three sessions of sclerotherapy in each lesion with two weeks of interval one from another. The lesions disappeared after three sessions and no recurrence was observed after 30 months (Figure 1B).

DISCUSSION

Varicosities or varix is an abnormally dilated and tortuous vein. The exact cause of oral varicosities is uncertain. Age is an important factor because oral varicosities are rare in children but common in older adults (4-6). In addition, older adult present tissue loosening, that is other predisposing factor. Varicosities have not been associated with systemic hypertension or other

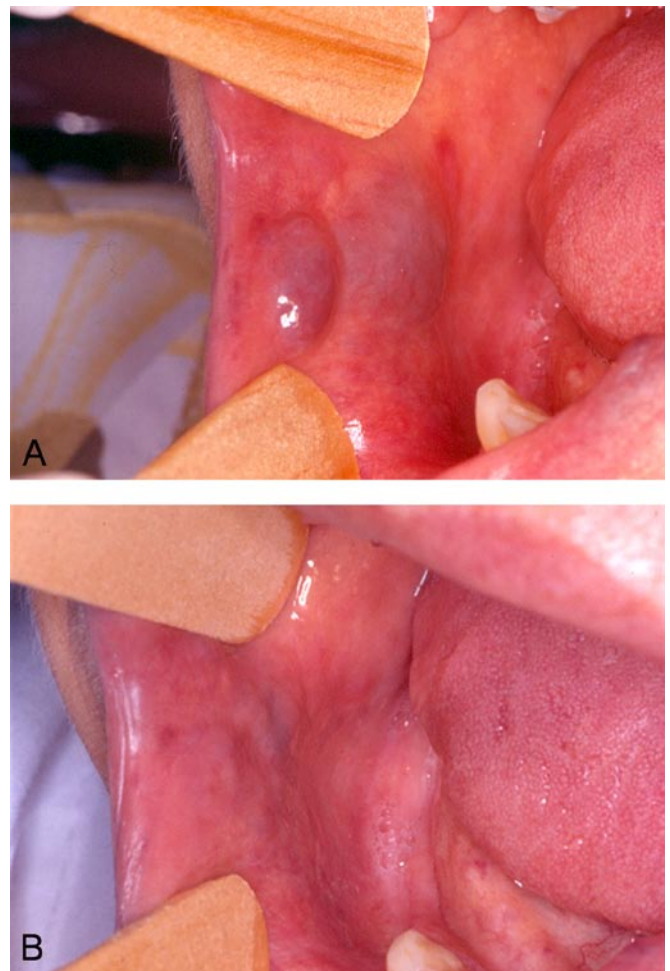


Fig. 1. A- Two bluish purple nodules in the right buccal mucosa. B- Aspect clinical of the patient within varicosities after of the treatment with sclerotherapy.

cardiopulmonary diseases (4). However, Colby et al. in 1961 (8) found that people with varicosities of the legs were more likely to develop varicosities on the tongue. The patient of this case report is an older adult and has varicosities on the legs. This fact associated with oral clinical features was important to establish the clinical diagnosis of mucosal varicosities.

Due to trauma, varicosities located on the lips or buccal mucosa sometimes requires treatment. Few modalities of treatment of oral varicosities are described in the literature. Tal & Gorsky (7) reported a management of mucosal varicosities with cryosurgery. In our clinic sclerotherapy is the main choice in such cases.

Sclerotherapy is an effective and conservative technique for the treatment of benign vascular lesions. Sclerotherapy with EO is a safe and efficient treatment for vascular benign lesions located in various regions of the body (9,10). EO as sclerosant agent has been widely used in the management of the esophageal varicosities (11-15).

Our patient reported pain, swelling, redness and/or burning after the application of EO, but for only 72 hours. Similar symptoms were already reported (9). The results of sclerotherapy were considered successful in esthetic and functional points of view by the dentistry and the patient.

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