Sir,

Central vascular lesions are extremely rare accounts for 0.5 - 1% of all intraosseous tumors. They affect females in the second decade of life; more frequently. The mandible is a rare location. World Health Organization considered these lesions as benign vasoformative neoplasms of endothelial origin. A 39-year woman presented with the chief complain of swelling on the left posterior region of the jaw since eight months. Intraoral examination revealed a swelling with relation to missing tooth #37 region (Figure 1). A panoramic radiograph revealed a large osteolytic lesion extending from 36 to 38 (Figure 2). Provisional diagnosis of odontogenic myxoma was given. The surgical excision of the lesion was done under general anaesthesia and excised tissue was sent for histopathological examination. The histopathological examination of the specimen revealed numerous large and small dilated blood vessels having RBCs, divided by dense bony trabeculae (Figure 3). By the correlation of the clinical and histopathological features, a final diagnosis of central hemangioma with mixed capillary and cavernous pattern was given. The follow-up period of six months was uneventful.

Intraosseous hemangioma is a quite rare condition, comprising less than 1% of all intraosseous tumors. It mainly occurs in the vertebral column. Mandible is a very infrequent, although possible location. The female: male ratio is 2:1 and the peak of incidence is between the second and fifth decades of life. Patients often experience a firm, painless swelling of the bone which may or may not cause facial asymmetry. Surgical intervention is generally accepted as the definitive treatment, with en bloc resection the recommended procedure.

REFERENCES


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