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CASE REPORT

USE OF SETROL IN HEMANGIOMA (A CASE REPORT)

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ABSTRACT

Vascular lesions are one of the most common tumours of the oral cavity. Treatment is based on the clinical behaviour and natural history of individual lesion. Deciding the line of treatment has been the most difficult part for a surgeon in most cases. Several conservative methods have been tried and tested, but the defininite one is still to be explored. Sclerotherapy with setrol appears to be one of the better treatment options with minimum toxicity. This paper present a case of hemangioma treated successfully with setrol.

INTRODUCTION

A hemangioma is a developmental malformation of blood vessels and not a typical tumour. Sometimes it is considered to be an example of "Hamartoma". Such theory can be explained by (1) hemangioma is often present since birth,(2) they never turn malignant. Hemangioma are classified as capillary, cavernous & capillary lesions. Of these types only arterio-venous malformations are pulsatile. Hemangiomas are most common tumours of infancy. The incidence in newborn is 1-3% and this increases to 10% by the age of 1 year. The head and neck are the most common sites of appearance of infantile hemangiomas. Most hemangiomas do not require immediate intervention and 90% can be expected to undergo gradual involution before the age of 9 years.

Case Report

A 50 year old man presented to the OPD with chief complain of intraoral soft tissue mass along the lateral border of tongue with difficulty in swallowing and intermittent profuse bleeding. Diagnosis was clinical and matched with following features of vascular lesions-

- Did not involute and slowly expanding.
- Raised from the surface.
- Bluish in colour.
- Non-pulsatile and blanch test positive.

Deposition of setrol in tissue spaces was done using an 2ml. syringe. It resulted in surface reddening and produced severe pain lasting for about 24 hours. 2ml of setrol were injected per appointment and was repeated after 2 weeks. The case responded in an excellent way and complete resolution occurs after 2 months without any surgical intervention.

DISCUSSION

Vascular lesions are intervened only if they present with cosmetic or functional problems. After a thorough physical examination, investigations may be indicated if complications are present or if surgical intervention is contemplated. M.R.I. is the investigation of choice. Treatment is based on the clinical behaviour and natural history of individual lesion. Laser therapy, intralesional injection of steriods, intralesional bleomycin injection, systemic therapy with interferon are various treatment options. Sclerotherapy is effective in more than 90% of hemangiomas**,** but not in involuting lesions. Sclerosing solutions are both tissue irritants and thrombogenic agents that provoke an inflammatory reaction, which causes fibrosis and obliteration of vascular channels. Setrol (sodium tetradecyl sulphate) is an anionic surface-acting agent which has sclerosing properties when injected intravenously. It is of great acceptance to the patient if we are able to avoid an invasive procedure and especially a relief to us if we can cure a hemangioma by this conservative approach of sclerotherapy before or instead of a potentially dangerous surgery. Setrol appears to be the ideal sclerosant which was used previously in varicose veins only but now has expanded its domain of activity to be used successfully in hemangiomas.

Prior to Sclerotherapy

After Sclerotherapy

REFERENCES

1. Schwartz's principles of surgery, eighth edition.
2. A concise text book on surgery, dr. S. Das, 7th edition
3. The "wonder" sclerosing agent-setrol, Dr. Shubhrangshu dutta, Dr. Jayanta saha, Dr. R.N. poddar.

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