Journal of Medical Research and Health Sciences
Received 20 Sept 2024| Revised 25 Oct 2024 | Accepted 20 Nov 2024 | Published Online 25 Dec 2024

DOI: https://doi.org/10.52845/JMRHS/2024-7-12-4

JMRHS 7 (12), 3287−3290 (2024)

ISSN (O) 2589-9031 | (P) 2589-9023

Case Report Open Access Journal

Angina Bullosa Hemorrhagica in Oral Cavity: A Case Report

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This study was done in Oral medicine and pathology department, Tabuk specialist dental center, Tabuk health cluster, Tabuk city, Saudia Arabia

Abstract

Angina bullosa hemorrhagic (ABH) was primarily introduced by Badham in 1967; it is a rare, idiopathic condition in the oral cavity, which was described as a bulla filled with blood. The present Case shows A 33-year-old healthy male patient presented to the dental clinic with an oral lesion in the palatal area that had been present for 4 days. The history revealed that the lesion appeared after eating hard and spicy food. This was the patient's first episode of such swelling. The patient had no history of chronic bleeding disorders and was not on any regular medications. Clinical examination revealed a vesicobullous lesion on the left side of the soft palate, which was dark blue in color, filled with blood, and measured 1.5 x 1 cm in diameter. The patient was treated with prednisolone 5 mg once a day for 3 days as a mouthwash, along with chlorhexidine 0.12% twice a day for 5 days. A follow-up appointment after 2 weeks showed complete healing of the lesion

Keywords: Oral bullosa hemorrhagica, soft palate hemorrhagica, soft palate lesion

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Introduction:

Angina bullosa hemorrhagic (ABH) was primarily introduced by Badham in 1967; it is a rare, idiopathic condition in the oral cavity, which was described as a bulla filled with blood.[1]

This lesion characterized as a dark red-purple colored bulla, which is a filled bulla and surrounded by a red margin with approximate measures between 1 to 3cm. [2]It is commonly seen during the fifth decade of life .[3]

The lesion is caused by bleeding in the superficial capillaries of blood vessels due to traumatic injury to the epithelial-connective-tissue junction, thus resulting in subepithelial hemorrhagic bulla formation.[4] Until now, the etiopathogenesis of this lesion has not been clear.[2]

It was also thought that it starts spontaneously or occurs with a traumatic factor primarily due to hot or hard food.[5]

On other hand , the most common affected site in the oral cavity is the soft palate .[6]

No biopsy is required for most of ABH cases .[7]

Many differential diagnoses can be considered, such as thrombocytopenia and autoimmune diseases like pemphigoid and epidermolysis bullosa.[8]

The aim of this paper is to present a case of ABH in a healthy patient, caused by traumatic injury, and treated with a combination of chlorhexidine and corticosteroid as a mouthwash.

Case Presentation:

A 33-year-old healthy male patient presented to the dental clinic with an oral lesion in the palatal area that had been present for 4 days. The history revealed that the lesion appeared after eating hard and spicy food. This was the patient's first episode of such swelling. The patient had no history of chronic bleeding disorders and was not on any regular medications. There was no family history of chronic diseases. Clinical examination revealed a vesicobullous lesion on the left side of the soft palate, which was dark blue in color, filled with blood, and measured 1.5 x 1 cm in diameter, as shown in Figure 1.

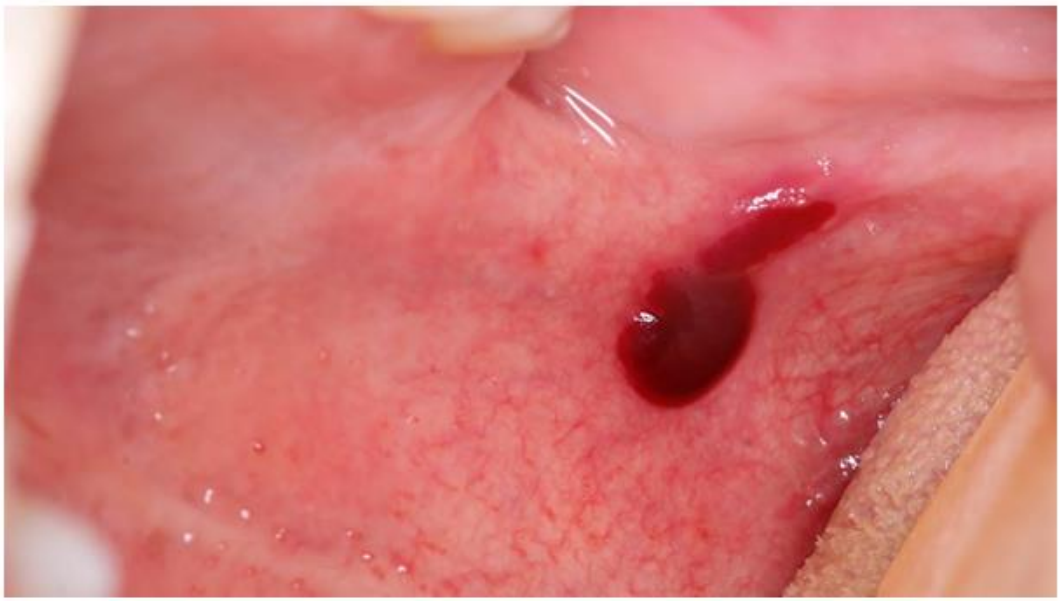

Figure 1: Clinical photograph shows dark blue colored bulla lesion on the left side of the soft palate

The patient was treated with prednisolone 5 mg once a day for 3 days as a mouthwash, along with chlorhexidine 0.12% twice a day for 5 days. A follow-up appointment after 2 weeks showed complete healing of the lesion, as shown in **Figure2**

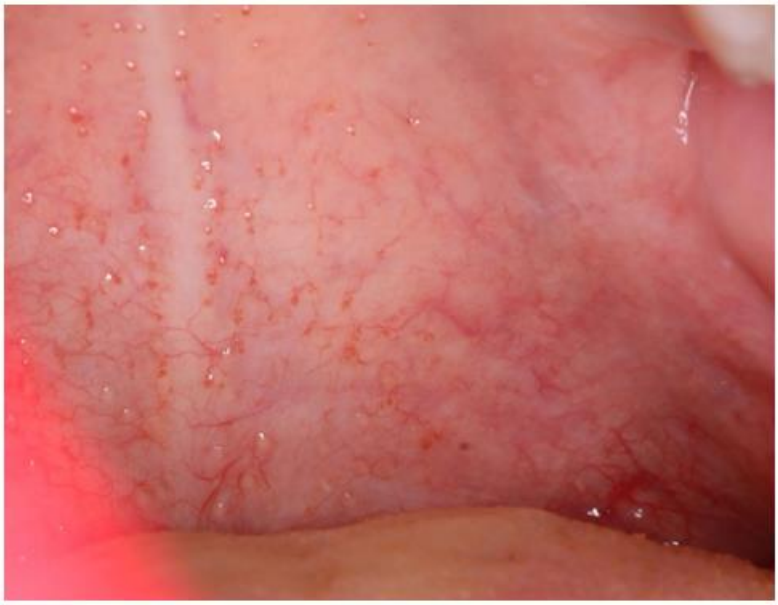

Figure 2 : Complete healing at the lesion site after 2 weeks of treatment

Written and verbal consent were obtained from the patient to publish his clinical and histopathological images for scientific purposes. Additionally, IRB approval was granted by the Tabuk Institutional Review Board under protocol No. TU-077/024/252 for this case report.

Discussion

ABH tends to occur in adults between the fifth and the seventh decades of life, with a mean age of 55.4 years. With equal distribution between males and females. [9]

The lesions usually healed in short time without scar. [6] These lesions need quick intervention as it can cause airway obstruction. [9]

ABH may have an association with systemic diseases like diabetes mellitus and hypertension. [10]

Usage of inhaled corticosteroids for long time can cause in impair collagen formation and later atrophy of the epithelial tissue. [11]

Collagen and elastic fibers disorder in the oral cavity results in less anchorage of blood vessels, which can cause hemorrhagic lesions after trauma. [12]

Analgesic medication with antibiotic mouthwash, such as (chlorhexidine 0.12-0.2%) can be used. Large intact lesions, especially on the soft palate, should be incised and drained to avoid a possible obstruction of the upper aerodigestive tract. [13]

Conclusion : In the present case, this lesion may be associated with a systemic disease, particularly of a dermatological nature. A thorough systemic evaluation is indicated. Topical treatments, such as chlorhexidine 0.12% along with corticosteroids as a mouthwash, can be effective in treating this type of oral lesion.

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How to Cite: Alwakeel, A., Aleid, A. A., Rahoof, M., Alenezi, K., & Alanazi, A. (2024). Angina bullosa hemorrhagica in oral cavity: A case report. Jour Med Resh and Health Sci, 7(12),3287–3290. https://doi.org/10.52845/JMRHS/20 24-7-12-4