Intravascular Papillary Endothelial Hyperplasia of Palate

Sir,

Intravascular papillary endothelial hyperplasia (IPEH) is a relatively uncommon, benign, vascular, non-neoplastic lesion that can occur in any blood vessel of the body but most commonly affects the skin and subcutaneous tissues of finger and trunk.1,2 IPEH is rarely seen in head and neck region. Intra-orally, the most common site is lower lip followed by tongue and upper lip.3 To date, no case report of IPEH on palate has been found in the literature. This rarity prompted authors to report the present case.

A 30-year lady presented with numerous small, red to purplish, painless, nodular lesions on palate from the last 3 months. Past medical history was non-relevant. Intra-oral examination revealed numerous small purplish, firm, rigid, non-pulsatile lesions on the palate, few of them were fused to form 2 x 2 cm mass (Figure 1). An incisional biopsy was performed and tissue was sent to the Department of Oral and Maxillofacial Pathology for histopathological examination. Histopathological examination revealed numerous papillary proliferations lined by endothelial cells without cellular atypia and mitotic figures (Figure 2). Expanded blood vessels with areas of thrombus formation were also found (Figure 3). On the basis of all the features, a final diagnosis of IPEH was made. A surgical removal of the mass was performed and postoperative period of 1 year was uneventful.

IPEH was first described in 1923 as Masson's tumor and is currently believed to be a relatively uncommon benign, non-neoplastic vascular lesion.3,4 IPEH is believed to be a reactive proliferation of blood endothelial cells caused by an abnormal process of organisation in thrombosed blood vessels.3 Because of lack of specific clinical characteristics, the final diagnosis of IPEH can only be made after biopsy and microscopic examination. IPEH is often misdiagnosed as a malignant tumor such as an angiosarcoma. However, the later shows infiltrative growth pattern, cellular anaplasia and abnormal mitotic figures. IPEH is rare, especially when affecting the oral cavity. It is important for oral pathologists and clinicians to be aware of this lesion to avoid an incorrect diagnosis and aggressive treatment modalities.

REFERENCES

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