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Trauma-related oral lesions; angina bullosa haemorrhagica: a rare case presentation

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Introduction

Angina bullosa haemorrhagica (ABH) is the term used to describe benign subepithelial oral mucosal blisters filled with blood that are not attributable to a systemic disorder or haemostatic defect (1). It is a very rare condition and is idiopathic. Middle-aged and elderly patients are usually affected and lesions heal spontaneously without scarring. Although the pathogenesis is unknown, local trauma seems to be the major provoking factor (2). The diagnosis of the lesion is very important as a rapidly expanding blood-filled bulla in the oropharynx can cause upper airway obstruction. We aim to present 42-year-old male patient with hemorrhagic bullae secondary to local trauma in the oral mucosa due to its rare occurrence.

Case presentation

A 42-year-old man with no known disease admitted to emergency department with an asymptomatic, blood filled blister on the lateral surface of the tongue that he noticed in the morning. He stated that he had eaten salted in-shell sunflower seeds the night before. Examination of oral mucosa revealed a single oval, tense, blood filled bullae of size around 15mm on the lateral surface of the tongue (Figure 1). There was no history of inhaled steroids, infections, autoimmune diseases, diabetes, dental procedures and anesthetic procedures. He was non-alcoholic and non-smoker. Hematological and biochemical investigations and coagulation profile were normal. The bullae was excised and drained by an otolaryngologist. The patient was advised to avoid hot and spicy foods and to use an antimicrobial mouthwash containing Chlorhexidine gluconate (10-15ml twice dailiy for a week) to accelerate the healing of ulcerated areas. The lesion healed over the next two weeks without any scarring with symptomatic improvement.

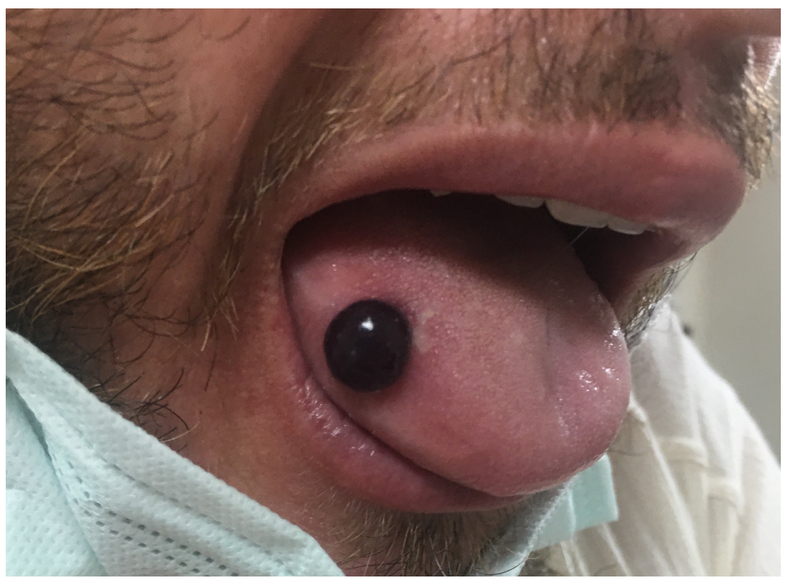

Figure 1. Large hemorrhagic bulla on the lateral surface of the tongue

Discussion

Angina bullosa haemorrhagica is an interesting entity which presents as sudden onset of painless, blood-filled blisters of the oral cavity that rapidly expand and rupture spontaneously within 24-48 hours. ABH is often asymptomatic. However, sometimes, pain or a sensation of choking can be reported (3)
The exact cause of ABH has not been yet elucidated but the various etiologies mentioned in the literature are related to the minor trauma of hot foods, restorative dentistry, periodontal therapy, dental injections of anesthetics, and steroid inhalers (2). Diabetes mellitus and arterial hypertension may be predisposing factors (4). Food ingestion has been implicated to be the most common cause accounting for 50-100% of cases (5), as we suspected local trauma while food ingestion in our case. Diagnosis is mostly made by clinical findings. Biopsy is mostly unnecessary (5,6). In differential diagnosis; blood diseases with thrombocytopenia, Rendu-Osler-Weber disease, amyloidosis, fixed drug eruption, cicatricial pemphigoid, bullous pemphigoid, dermatitis herpetiformis, linear IgA disease, bullous lichen planus should be considered (6,7).
No treatment is required for ABH, as spontaneous rupture and healing is expected in a short time. If the bulla is large and intact as in our case, it should be incised to prevent further enlargement that could cause airway obstruction. The patient should be informed to consume soft food and avoid hot drinks.

Conclusion

ABH is clinically, easily recognizable and this peculiar lesion should be kept in mind when confronted with acute or recurrent hemorrhagic bullae in the oral cavity.

For detailed information
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