Pseudoaneursym Of Lingual Artery- A Rare Case Report

Anupam Bhardwaj, Manoj Chaudhary, Amit B. Lall, Mayank Singhal, Sanjeev Tomar, Bharti Dua

Department of Oral & Maxillofacial Surgery, Santosh Dental College, Santosh Deemed To Be University, Ghaziabad

ABSTRACT
Pseudoaneurysm of the lingual artery is very rarely seen, and it can arise due to various reasons such as trauma, inflammation or even neoplasm. Idiopathic pseudoaneurysm along with being very rare can also be life threatening if they are not diagnosed or treated on time. Our case report describes the idiopathic pseudo aneurysm of sublingual artery which was treated by surgical excision.

INTRODUCTION
Vascular abnormality such as aneurysm are seen very rarely in the branch of external carotid artery. Even if they are found they are seen in superficial branches. Aneurysms in lingual artery (LA) are, usually pseudoaneurysms which can be the result of neoplasms, trauma or surgery. Very scarce cases of aneurysm of the lingual artery are mentioned in literature. To prevent mortality and morbidity due to Lingual Artery aneurysms they must be diagnosed and treated as early as possible. After analysing the histopathological report of above mentioned lingual artery aneurysm, they were found to be pseudoaneurysm. We are presenting a rare case of 18 years old male with lingual artery aneurysm which was present from past 1 year. A CT angiogram was done to confirm the diagnosis of pseudoaneurysm and surgical removal of pseudo aneurysm along with speech therapy during rehabilitation was advised.

CLINICAL PRESENTATION
An 18 year old male with difficulty in speech and swallowing since 1 year reported to our department. On examination a swelling measuring about 4*3 cm was seen on the left dorsolateral surface of the tongue, from past 1 year. It had bluish purple hue. With no definitive cause or any previous history of trauma. The aneurysm was further confirmed by CT angiography. No relevant medical history was present, with all vitals being in the normal range.

On intra oral examination a dome shaped swelling present on dorsolateral surface measuring about 4*3 cm in the anterior 2/3 of the tongue, with well defined borders and granular surface. Colour of the swelling had bluish purple hue as compared to that of surrounding area. Swelling was soft in consistency with no specific tenderness.

On doing the routine investigation all blood parameters were within normal limits with no abnormalities in blood or urine examination. CT angiogram reveals absence of any feeding vessel in relation to the swelling, therefore provisional diagnosis of pseudoaneurysm was made. Surgical excision of the lesion was performed under general anaesthesia. The lesion on histopathological examination was reported to be a pseudoaneurysm. A follow up after 1 year revealed no recurrence.
DISCUSSION

A false aneurysm or pseudoaneurysm is by defined a vessel haematoma in communication with the arterial lumen, contained by the adventitia or adjacent soft tissue. Its high intrinsic risk of rupture demands embolization in most cases.

Aneurysm of the lingual artery is very rare, whereas the aneurysm of facial and superficial temporal artery being the most common. External carotid artery (ECA) aneurysms is present only in 2.2% cases of the cervical carotid aneurysm. Only three cases of idiopathic lingual aneurysm are reported in the English literature, in which were consistent with diagnosis of pseudoaneurysm on the basis of histopathological examination.

In our case there was no pre-existent condition, nor was there any history of trauma or any neoplasm. Many cases of pseudoaneurysm of the lingual artery are associated with trauma or surgery, some cases shows relation to chemotherapy, radiofrequency and infection along with very few reported cases of idiopathic aneurysm. Most common identifying cause of aneurysm is haemorrhage which requires immediate medical attention to achieve haemostasis, as it can be life threatening if not treated immediately. In pseudoaneurysm there is haemorrhage due to arterial injury which lead to the development of haematoma which is connected to arterial lumen with only a fibrous tissue lined cavity. Our patient did not have any history of malignancy, trauma or surgery, patient was entirely asymptomatic until he developed difficulty in speech and swallowing. Surgical excision was done and patient was advised for speech therapy. Even use of platinum coils for lingual artery aneurysm is most widely used along with gel foam and liquid embolic agent (n-butyl cyanoacrylate) even in the case of emergencies. Treatment modality of pseudoaneurysm should be chosen wisely to prevent recurrence and complications. However, as only case reports have been reported in literature, it is difficult to state practice based guidelines for these patients.

CONCLUSION

Lingual artery aneurysms are rare vascular lesions, which in the majority are acquired. Congenital Lingual artery aneurysms have been demonstrated but require histologic evaluation for confirmation, which is often not practical. Despite lacking a definitive etiology the radiological presentation and associated potential risks warranted prompt intervention.

REFERENCES: