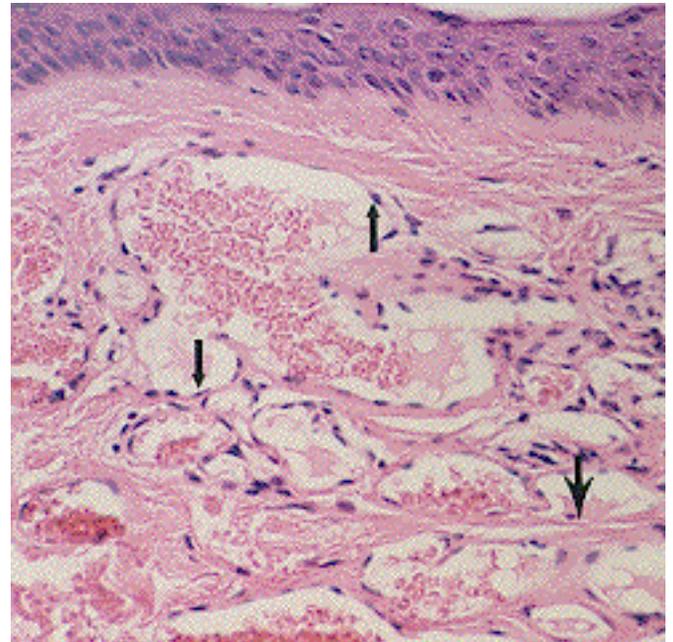


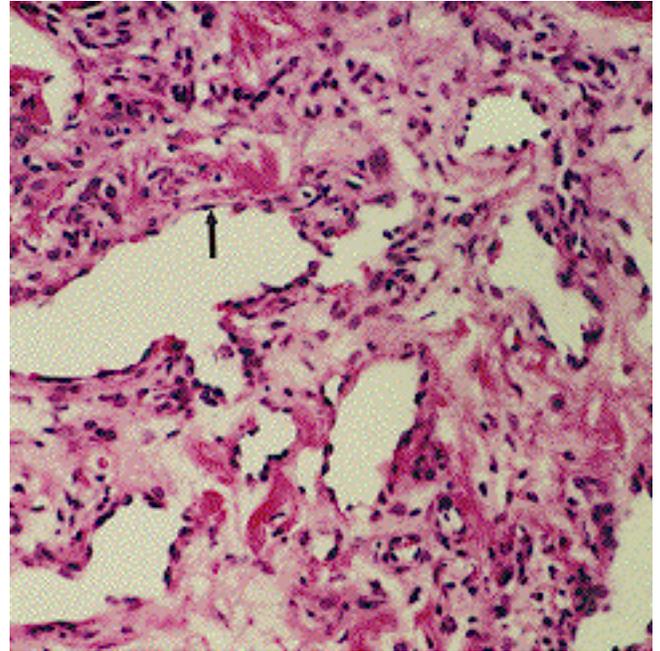
HEMANGIOMAS

Hemangiomas usually occur in the skin but sometimes are found in visceral areas. Representing either hamartoma (malformation) or true neoplasms, they are found in any tissue. In the skin they are called “birthmarks” or “ruby spots.” Cavernous hemangiomas have large vascular channels and often capillary-sized vessels as well and are known as “port wine” stains when present in skin. Whether to classify hemangiomas as true neoplasms or hamartomas is uncertain — a hamartoma being an accumulation of mature cells that resemble the cells of the organ in which they appear, but with cellular disorganization.

Hemangioma. This appeared as a red lesion in the skin of the neck; multiple vascular channels of moderate size communicate. The vessel walls are well-formed (large arrow) and endothelial cells are clearly seen (small arrows).

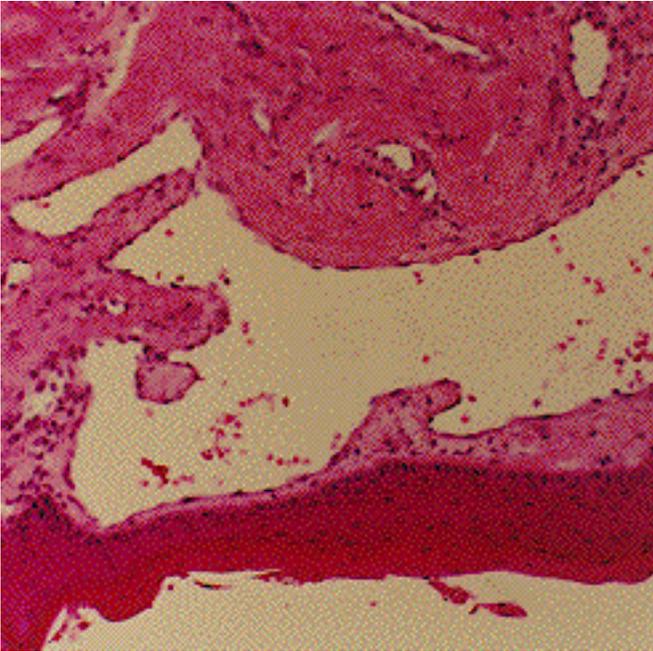


Hemangioma, chest wall. Well-formed vascular spaces with endothelial lining (arrow) embedded in fibrous tissue.

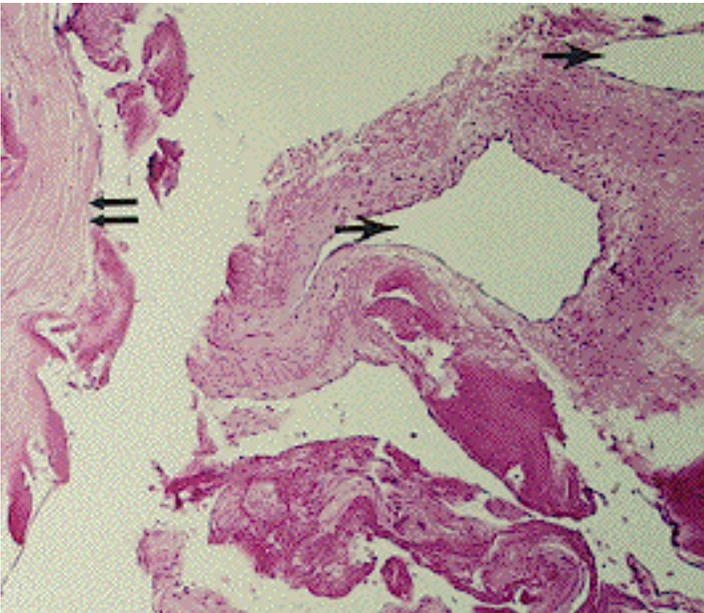


Hemangioma, floor of mouth, large and small vessels (arrows) and normal mucosa.



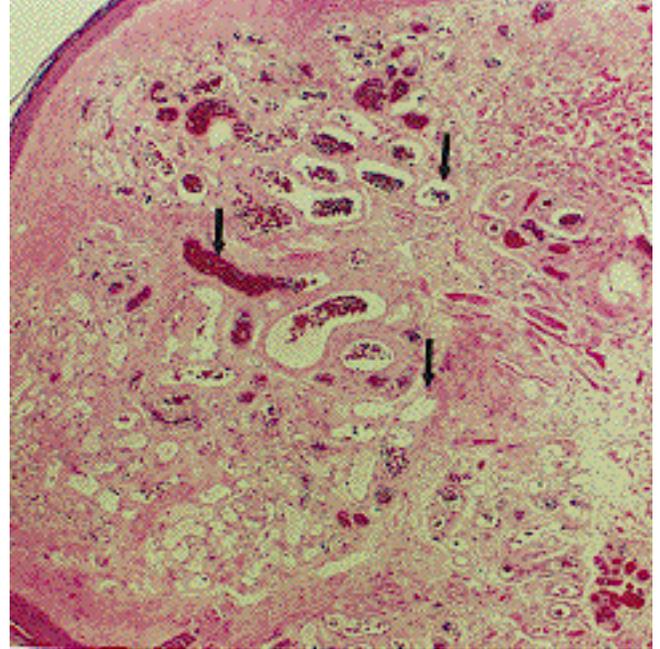


Hereditary hemorrhagic telangiectasia, lip. Spaces are more like arteriovenous aneurysms than telangiectasias. (Note lack of muscular tissue in vessel wall). This disorder, known as Rendu-Weber-Osler disease, is familial and may affect almost any organ. It is important to the otolaryngologist since the cardinal symptom is nose-bleed, often profuse and occurring several times daily and making patients extremely anemic. Large arteriovenous shunts in the lung may cause other serious symptoms, and headache and stroke can occur from cerebral lesions. Gastrointestinal bleeding is common.

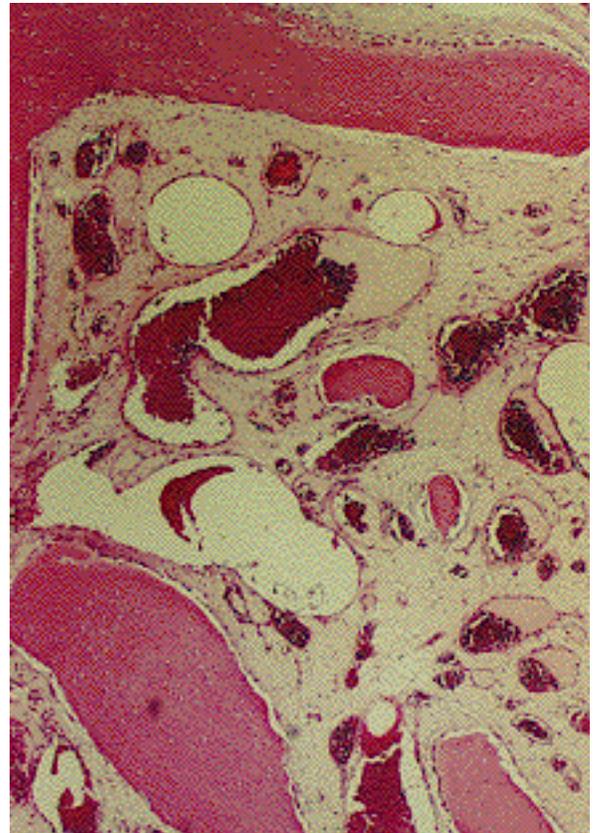


Hemangioma, area of geniculate ganglion. Double arrows point to neural tissue and larger arrows indicate vascular channels.

Hemangioma, skin, capillary type, with arrows indicating small vascular channels.



Hemangioma, bone. Numerous vascular channels are closely aggregated and partially surrounded by bony trabeculae.



CLINICAL ASPECTS

Hereditary hemorrhagic telangiectasia, transmitted as a Mendelian dominant characteristic, causes profuse nosebleeds and some patients have received over 3,000 blood transfusions; others have bled down to 2.0 grams hemoglobin. The most effective treatment, long term, is septal dermoplasty. Arteriovenous shunts in the lung are managed by the interventional radiologist.