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CASE REPORT

Unusual Size of Soft Palate Lymphangioma: A Case Report

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ABSTRACT

Twenty-two years old female presented with a huge lymphangioma situated in the soft and hard palate crossing the midline and spread out to the left retromolar area. Lymphangioma clinically observed as transparent, smooth, nodular elevations, with reddish to dark purple lymphatic vessels filled by blood. The chief complaint of the patient is bleeding especially with feeding. A biopsy took from the soft palate; histopathological result revealed lymphangioma. The patient treated by intralesional injection of cortisone mixed with dental local anaesthetic contains a vasoconstrictor. The lesion disappeared, and there was no relapse for two years followed up.

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INTRODUCTION

Lymphangiomas are caused by atypical changes in the lymphatic system. Their aetiology is obscure, it's a begins lesion seen between the 6th and 10th week of growth when the immature lymphatic tissue fails to communicate with the venous or lymphatic system¹. A lymphangioma is described as a "somatic mutation," meaning that it affects the genes but is not an inherited condition, can occur in both males and females of any race. They are a rare condition affecting around 1 in 4,000 newborns. Lymphangioma is an alteration in lymphatic vessels, frequently includes the head and neck

area. In the neck seen more in the posterior triangle, while orally are usually found predominantly on the tongue². Cases have also been seen in palate, gingiva, lips, and mandibular³. In this area, it has clinically shown up as transparent, generally collected red or purple vesicles. The profound lesion shows up as nodular masses of inconstant colour and superficial texture⁴ Lymphangioma is a considerate hamartomata's tumour of lymphatic channels. Close to 50% of the cases are available since birth, and around 90% created before