

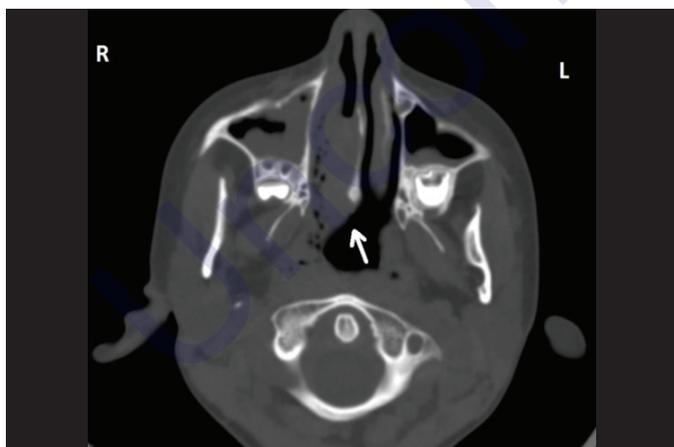
# Pediatric Intranasal Lobular Capillary Hemangioma: A Rare Clinical Entity

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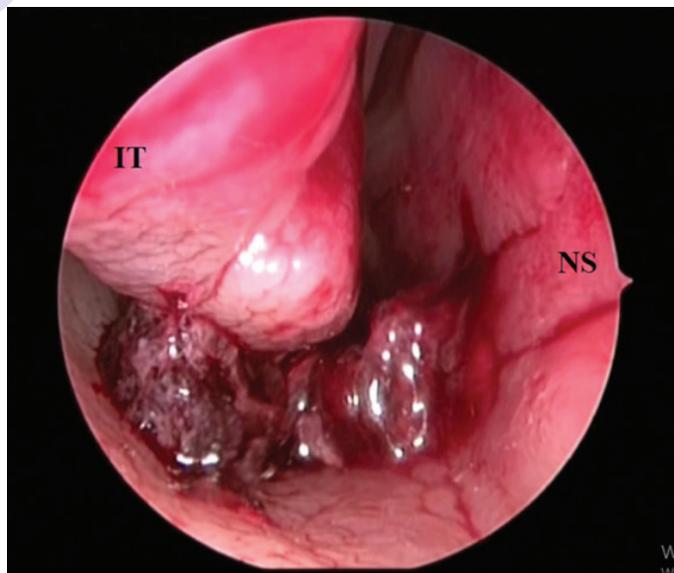
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A 9-year-old male presented to our clinic with symptoms of a right-sided intermittent epistaxis for the past one year. There was no headache, fever, trauma, nasal packing or history of foreign body. Besides there was no similar symptoms or illness in the family. On physical examination, both nasal cavities were normal in anterior rhinoscopy. The patient and her parents were informed about endoscopic nasal examination and after their permission, endoscopic nasal examination was performed. Endoscopic nasal examination revealed that a violaceous mass which located between inferior turbinate and nasal septum at the posterior one-third of the right nasal cavity. The origin of the mass couldn't be identified. The ear and throat examination was normal. Furthermore complete blood count and routine biochemical analysis were normal. Axial and coronal nasal and paranasal sinus computed tomography (CT) was performed. CT revealed a right-sided soft tissue mass arising from posterior part of the inferior turbinate, and maxillary and ethmoid sinusitis (Figure 1).



**FIG. 1.** Computed tomography imaging shows a right-sided soft tissue mass and maxillary sinusitis.

Informed consent was taken from the patient's parents. Endoscopic intranasal excision was performed under general anesthesia. In the right nasal cavity, there was a pedunculated, purplish, irregular necrotic mass which bleeds on touch originating from a region near the base at the posterior one-third of the nasal septum (Figure 2). The lesion and the septal mucosa which was source of the mass was completely excised using cold dissection (Figure 3). The patient was discharged without any complication two days after the operation. Histopathologic examination revealed lobular capillary hemangioma (LCH) (Figure 4). No recurrence was observed in the 3-month after the surgery.



**FIG. 2.** Hemorrhagic necrotic lesion originated from the posterior part of the nasal septum.  
NS: Nasal septum, IT: Inferior turbinate.

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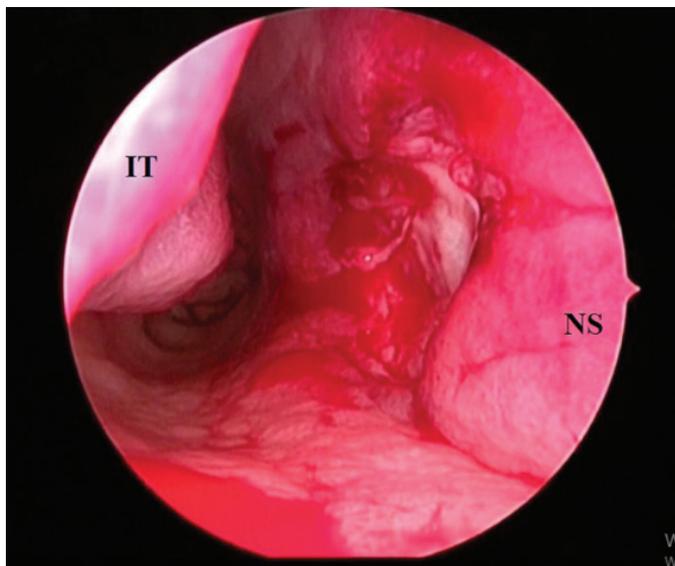
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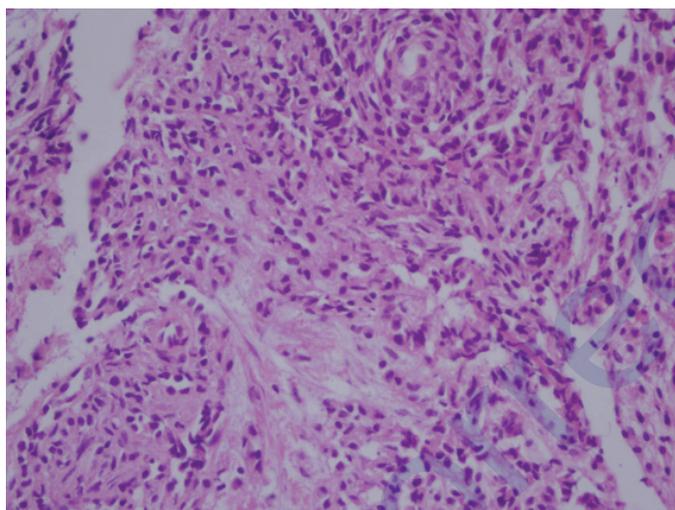
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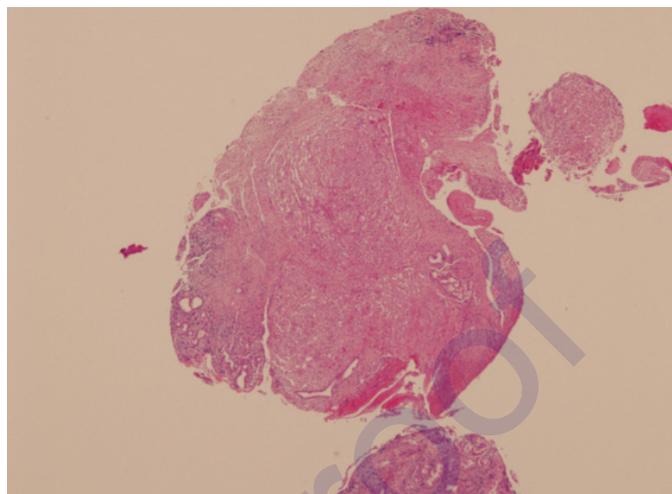


**FIG. 3.** Image shows the nasal septum after excision of the mass. NS: Nasal septum, IT: Inferior turbinate.



**FIG. 4.** A high-power view a lobule shows the compact proliferative of capillaries (H&E x400).

LCH which is also known as pyogenic granuloma typically occurs on the skin and in the oral cavity. Nasal cavity is an uncommon area for LCH (1). It is most frequently seen in the third and fifth decades of life, especially most commonly in women. Trauma and hormonal factors are considered for the etiology (2). LCH is usually violaceous, ulcerous, pedunculated or sessile lesions which bleeds on touch. It has variable sizes



**FIG. 5.** A low-power view a lobule shows the compact proliferative of capillaries (H&E x40).

ranging from a few millimeters to a few centimeters. Nonspecific symptoms such as epistaxis, nasal obstruction, and purulent rhinorrhea have been reported in majority of the patients (3). CT or magnetic resonance imaging is useful for preoperative evaluation. CT is important for assessing of nasal and paranasal bone structures, particularly for the large-sized lesions which is originated from the nasal roof because the osseous destruction of the skull base can be seen (4). Endoscopic surgery is the preferred approach for the treatment (5).

**Conflict of Interest:** No conflict of interest was declared by the authors.

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