

# Pediatric Parotid Hemangioma: A Rare Case Presentation in an 8 Year Old

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Fig. 1. Swelling present in the parotid region on left side

## References

(1)Sendrasoa FA, Razafimaharo TI, Ramily SL, Ramarozatovo LS, Rapelanoro Rabenja F. A Large Parotid Hemangioma Managed Successfully with Propranolol. Clin Cosmet Investig Dermatol. 2022;15:189-192  
<https://doi.org/10.2147/CCID.S350827>

(2)Harris J, Phillips JD. Evaluating the Clinical Outcomes of Parotid Hemangiomas in the Pediatric Patient Population. Ear, Nose & Throat Journal. 2021;100(5):NP242-NP245. doi:10.1177/0145561319877760

## 1. Introduction

- Hemangiomas are a type of benign tumor that consist of abnormal blood vessels
- Parotid Hemangiomas are relatively rare benign tumors
- Comprise of about 0.4-0.6% of all parotid tumors (1).
- Presents as a slow growing mass
- More common in children than adults.
- More common in females.
- May be associated with facial nerve paralysis or hearing loss.
- Good prognosis and low risk of recurrence.

## 2. Case Report

### Case Description

- An 8 year old male child with history of painless swelling near the ear lobe on the left side for 1 and a half years.
- Insidious in onset, gradually progressive
- Not associated with pain or any difficulty in opening his mouth.
- No other associated complaints

### Examination

- Vitals and systemic examination unremarkable.
- On local examination of the neck and face, done in extended attitude, the inspectory findings were: a solitary swelling of 5x5 cm having a smooth surface, ill defined border inferiorly, well defined border superiorly extending from just below the left ear lobule to just below the angle of left side of mandible.
- Anterior border was 5cm from the tragus.
- Posterior border was 3cm from the mastoid process.
- Skin over the swelling was normal.
- No rearing of ear lobule was seen. Swelling was not prominent on clenching teeth. No scar/sinuses/dilated veins were seen.

- On palpation, the swelling had a soft consistency. No warmth or tenderness. It was mobile horizontally and vertically. Skin over swelling was pinchable. Curtain sign was negative. Superior border could be felt, whereas inferior border couldn't be felt.
- Facial nerve examination was unremarkable.

## 3. Management

### Investigations

- On CE MRI, well defined hyperintense lesions were seen which are suggestive of left parotid hemangioma
- USG showed a well-defined lobulated soft and compressible hypoechoic mass

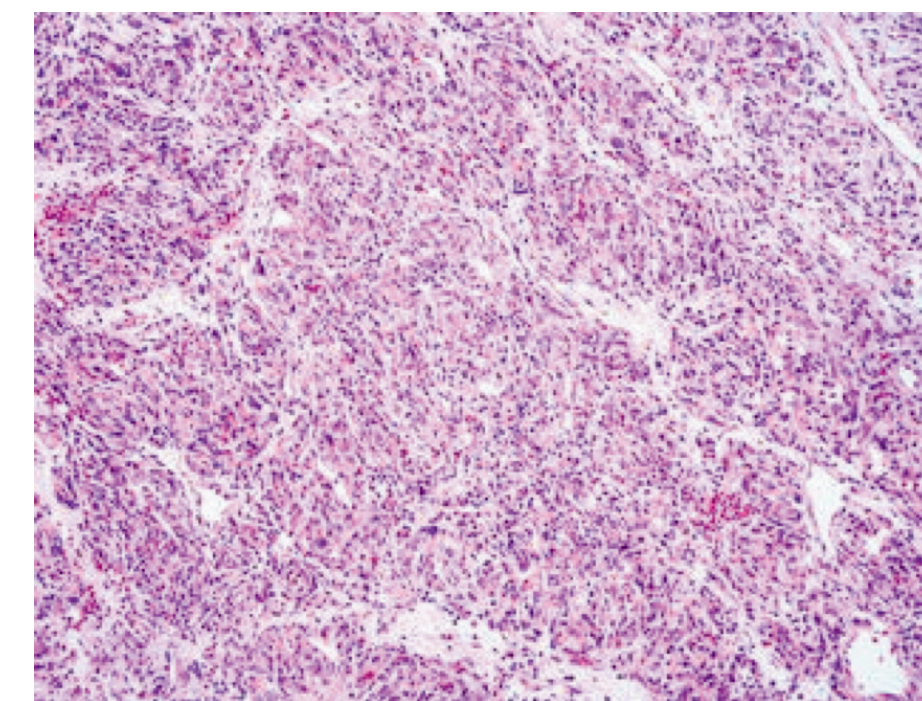


Fig. 2. Histopathology showing lobules

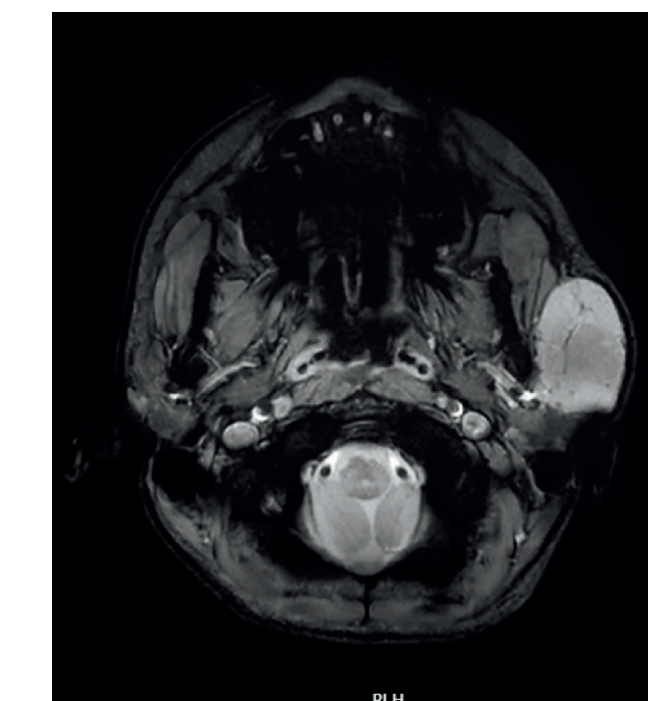


Fig. 3. MRI showing hyperintense lesion

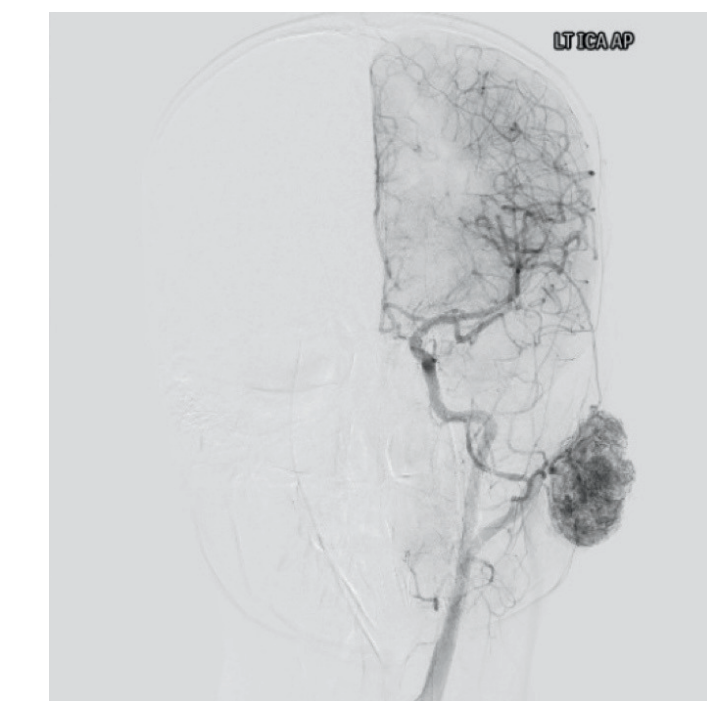


Fig. 4. Before embolization

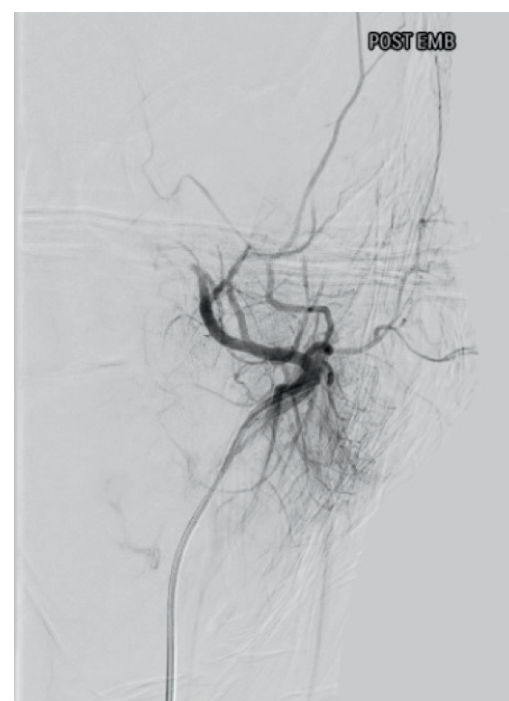


Fig. 5. After embolization

### Treatment

- Preoperative embolisation done to stop the blood flow to the gland
- Left total conservative parotidectomy done

## 4. Discussion

- Salivary gland tumours are rare amongst children with less than 5% incidence. Out of these, hemangiomas are even rarer.
- Parotid gland hemangiomas often present as asymptomatic soft tissue swellings which have potential to enlarge and cause complications like facial nerve paralysis.
- Often associated with cutaneous involvement.
- Diagnosis is mainly made upon clinical history and physical examination.
- MRI or CT are done to get information about the size and extent of the tumour.
- Ultrasound is done, shows hemangiomas to be hypoechoic relative to parotid tissue.
- For confirmation histopathology is done.
- Both surgical and medical management are available.
- Often treated by surgical excision, depending on their size and location.
- For medical management Oral propranolol is the first line drug (2).

## 5. Conclusion

To conclude, parotid hemangiomas are a rare type of tumour that affects children more than adults. It may cause complications like facial nerve disorders or hearing loss but they can be prevented by early intervention.

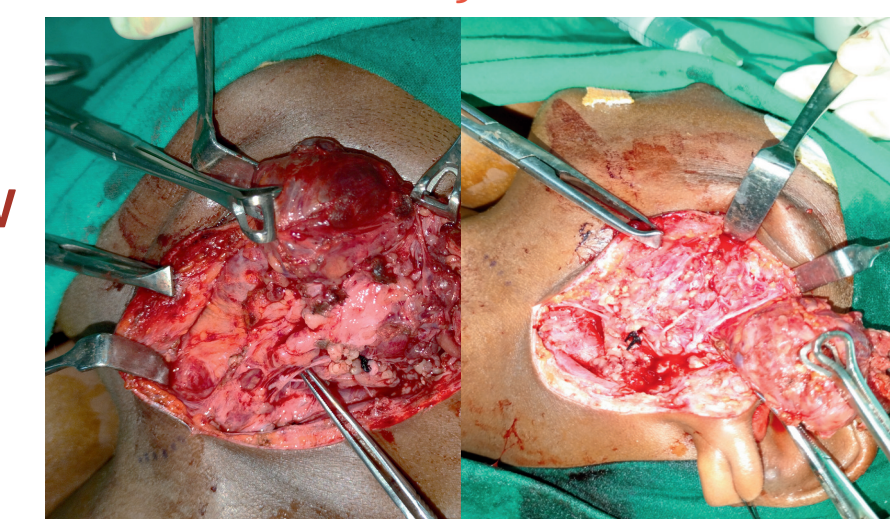


Fig 6. Total conservative parotidectomy