

Clinical Image

Open Access, Volume 4

An intriguing case of Angina Bullosa Hemorrhagica presenting with life threatening airway obstruction

Dharanya GS*; Kalaiarasi Raja

Department of Otorhinolaryngology, Jawaharlal Institute of Postgraduate Medical, Education and Research (JIPMER), Puducherry.

***Corresponding Author: Dharanya GS**

Department of Otorhinolaryngology, Jawaharlal Institute of Postgraduate Medical, Education and Research (JIPMER), Puducherry.

Tel: +91 9655021120;

Email: natural.dharanyasrinivasan@gmail.com

Received: Jul 12, 2023

Accepted: Jul 26, 2023

Published: Aug 02, 2023

Archived: www.jcimcr.org

Copyright: © Dharanya GS (2023).

DOI: www.doi.org/10.52768/2766-7820/2525

Description

A 50-year-old male patient presented with the complaints of sudden onset rapidly progressive swelling in the oral cavity causing airway obstruction but ruptured spontaneously causing an ulcer in the palate following intake of hot liquid. He gave history of previous similar swelling at the same site, which spontaneously ruptured. Examination revealed a single diffuse ulcerated lesion of size 3 x 2 cm with hemorrhagic spots and surrounding erythema involving midline of soft palate extending onto the hard palate and inferiorly upto the uvula (Figure 1).

Based on history and clinical examination, a diagnosis of Angina Bullosa Hemorrhagica was made. Patient was advised analgesics along with avoidance of inciting factors such as intake of hot foods and was reassured. Patient improved symptomatically and the lesion completely resolved on follow up after two weeks (Figure 2).

Discussion

Angina Bullosa Hemorrhagica is a rare idiopathic benign condition that occurs in the oral cavity and oropharynx. It is characterized by the sudden appearance of a painless blood filled bullous lesion on gums, tongue or palate. It occurs secondary to trauma to the affected area such as ingestion of hot and spicy



Figure 1: Single diffuse ulcerated lesion of size 3 x 2 cm with hemorrhagic spots, irregular margins, ragged mucosal edges and surrounding erythema involving midline of soft palate extending onto hard palate and inferiorly upto uvula.

Citation: Dharanya GS, Raja K. An intriguing case of Angina Bullosa Hemorrhagica presenting with life threatening airway obstruction. *J Clin Images Med Case Rep.* 2023; 4(8): 2525.



Figure 2: Follow up picture after 2 weeks which showed complete resolution of the lesion without scarring

foods. Most lesions resolve spontaneously without scarring although some may cause life threatening airway obstruction requiring surgical drainage [1-3].

Source of funding: Nil

Conflict of interests: Nil to disclose

Acknowledgements: Nil

References

1. Rai S, Kaur M, Goel S. Angina bullosa hemorrhagica: report of two cases. *Indian J Dermatol.* 2012; 57: 503.
2. En El Paladar Blando LA. Atypical lesion on soft palate: A curious case. *Int. J. Odontostomat.* 2010; 4: 9-12.
3. Horie N, Kawano R, Inaba J, Numa T, Kato T, Nasu D, Kaneko T, Kudo I, Shimoyama T. Angina bullosa hemorrhagica of the soft palate: a clinical study of 16 cases. *Journal of oral science.* 2008; 50: 33-6