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Clinical Image

Medical Image Large Hemangiopericytoma of the Tongue

Clinical Image

These pictures are of a 45 -year old male patient with a swelling on the tip of tongue from the last one year. The swelling increased progressively in the last one year with a recent onset of mild discomfort. He has never shown to any physician before and once swelling reached to a large size he reported to us. MRI revealed a solid mass with isodense contrast in T1.

We did excisional biopsy and completely resected the lesion

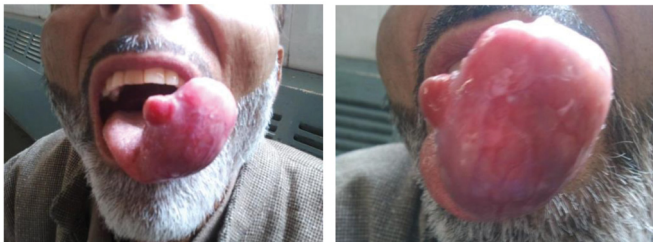
The swelling was sent for Histopathology. The microscopic examination showed an ulcerated nodular structure made up of spindle-like cells arranged in bundles with uniform nuclei and low mitotic activity. There were areas with blood vessel proliferation. Margins were free. This Histopathology picture was consistent with vascular mass and to confirm the type of mass, Immunohistochemistry was done. IHC was positive for CD34, actin and factor VIII, yielding the diagnosis of hemangiopericytoma. On follow up patient was disease free at 2 years.

What is this Hemangiopericytoma of the tongue?

Hemangiopericytoma is a rare type of tumor, which was first described in 1942 by Stout & Murray. It is believed that the hemangiopericytoma stems from vascular cells called Zimmerman pericytes. These pericytes are found throughout the entire spiral body which involves the capillars and post-capillary venules. There is a predilection for the muscle-skeletal system. It represents about 1% of all the vascular tumors. The hemangiopericytoma is uncommon in the head and neck. Only 15% to 30% of these tumors are found in the head and neck. At this location, it affects mainly the soft tissue surrounding the oral cavity, sinusal tract and meninges and, more rarely, the orbit, parotid gland, skull base and temporal bone.

Clinically, it affects any age, having a greater incidence between the third and sixth decades of life, without any gender predilection. It usually courses with slow and painless growth.

The treatment of choice is complete surgical resection of the lesion. Adjuvant radiotherapy and chemotherapy may be indicated in cases in which there is only a partial resection.



Figure

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