Case Report

Angina bullosa haemorragica: report of two cases

Ravikanth Punniyakodi, Chandramani Gurumani, Brindha Thangaraj*

INTRODUCTION

Angina bullosa haemorrhagica (ABH) is a condition, which is characterised by swelling, haematoma, bleeding from the soft palate of unknown aetiology. Sometime patient may give history of trivial trauma. It heals spontaneously within 1 week without any treatment.

CASE REPORT

Case 1

A 30 year old male presented to Dermatology OPD with complaint of bleeding and painless swelling in the soft palate following eating.

i. Patient has had similar episode 6 months back that resolved spontaneously after episode of bleeding.
ii. No history of stridor.
iii. No history of breathing difficulty.
iv. No history of any bleeding disorder.
v. No history of dysphagia.
vi. No history of change of voice.

Examination reports as follows.

Day 1

Swelling was seen over the soft palate which was of 5×6 cm. No tenderness was present on probing. Swelling was dark red in colour (Figure 1).

Figure 1: Swelling over the soft palate.

Day 2

Swelling gradually reduced in size on the second day. Swelling was around 3×3 cm (Figure 2).
Figure 2: Reduction of swelling on second day.

Day-4

Swelling completely resolved by the fourth day (Figure 3).

Figure 3: No swelling by the fourth day.

Figure 4: swelling in the soft palate.

Case 2

A 32 year old female presented to dermatology OPD with complaint of bleeding followed by swelling in the soft palate.

i. History of foreign body sensation in the oral cavity present.

ii. No history of stridor/breathing difficulty.

iii. No history of dysphagia.

iv. No history of change of voice.

v. No history of any allergy.

On examination we found the following.

Swelling was around 4x5 cm. No tenderness was present on probing. Swelling was dark red in colour (Figure 4).

Investigation

Routine investigations were carried out for both cases which were normal. Incisional biopsy was done for both cases which revealed hemorrhagic areas with mild inflammatory cell infiltrate.

Treatment

Observation, mouth wash and antibiotics were given to prevent secondary infection.

DISCUSSION

ABH was described by Badham in the year 1967.

Other names:

i. Stomatopompholyx haemorrhagica

ii. Benign haemorrhagic bullous stomatitis

iii. Oral haemophlyctenosis

ABH is a condition, which is characterised by swelling, haematoma, bleeding from the soft palate of unknown aetiology. Sometime patient may give history of trivial. ABH has been considered as an idiopathic condition. However minor mucosal injury may be involved in pathogenesis of ABH. Sites include cheek, floor of mouth, hard palate, anterior pillar of tonsillar fossa, epiglottis, arytenoids and esophagus. The soft palate-most common site for ABH. Soft palate is covered by a thin, friable squamous epithelium of non-keratinized type. Mastication increase blood flow rate in soft palate via parasympathetic reflex vasodilation. So the soft palate is easily injured during mastication of hard or crispy food and is prone to ABH. Steroid inhalation can cause atrophy and decrease in submucosal elastic fibers. This may cause breakdown of capillaries, resulting in formation of ABH. Sudden onset of a solitary blood blister on soft palate is a diagnostic of ABH. Biopsy is not necessary for most of the lesion. No active treatment necessary. Large blisters should be broken to prevent airway obstruction. Spontaneous healing can be expected within 7-10 days.

CONCLUSION

Sudden haematoma, bleeding and swelling in the soft palate, may look alarming but one should think of this condition which is seen quite frequently. Complete resolution without scar within a week. No active treatment necessary.
ACKNOWLEDGEMENTS

We would like to thank our Department of Dermatology for helping us with this article and our families for their constant support.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Punniyakodi R, Gurumani C, Thangaraj B. Angina bullosa haemorrhagica: report of two cases. Int J Res Dermatol 2017;3:155-7.