Recurrent Pulmonary Hemangioma: A Case Report
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Abstract
Pulmonary Angioma is an extremely rare benign vascular tumor, affecting, in exceptional cases, some adults. The risk of multiple and postoperative recurrence is rare but should not be ignored in order to establish.

We report a case of recurrent pulmonary hemangioma, revealed by chest pain and recurrent hemoptysis for a 27 year old woman who has a medical history of right lower lobectomy indicated in front of a proximal tissue process right lower lobe.

Subsequently, the patient had extra-pulmonary locations based on the radio-clinical setting: aggressive Angioma in the lumbar vertebra of L3 confirmed via biopsy, skull Angioma and left distal femoral Angioma.

The evolution was marked by the improvement in the general condition of the patient with chest pain loss and depletion of hemoptysis. The patient was referred to the radiotherapy department for possible treatment of brain and spinal angiomas. Orthopedic surgery is scheduled for femoral Angioma. Periodic monitoring is intended to serve. Thoracic surgery was denied because high post-operative risks.

Case Report
The case is about a 27 year old woman, housewife. She had a medical history of right lower lobectomy indicated in front of a proximal tissue process right lower lobe. The Histopathological study of the surgical specimen, which followed the immunohistochemistry study, concluded a revised pulmonary hemangioma. The post-operative evolution was good. Subsequently, the patient had extra-pulmonary locations based on the radio-clinical setting: aggressive Angioma in the lumbar vertebra of L3 confirmed via biopsy, skull Angioma and left distal femoral Angioma.

One year after the right lower lobectomy, the patient presented again recurrent hemoptysis of average abundance along with sub-scopular chest pain and right-lateral sternal, inducing to general condition deterioration.

At her admission to the department, the hemoptysis have become of high flow, and have become complicated with the occurrence of consciousness disorders and hemodynamic instability, which required her stay in the intensive care unit to receive blood transfusion.

At her return to our department, the patient had recurrent hemoptysis of average abundance associated with very persistent chest pain refractory to analgesics. The CT-scan showed a slight increase from an average mediatissale mass measuring 34.8/54 mm (mass mediatissalnale highlighted previously in a CT scan performed at the beginning of the onset of hemoptysis).

Flexible bronchoscopy was deferred to the hemodynamic instability of the patient. Thereafter, the patient was sent off in her hemoptysis blackish membranes, and a histopathological study was requested. We got the results of the histological study, which reconfirmed the diagnosis of pulmonary Angioma. The angiography performed after removal of the membranes showed a reduction in size of the right mediatissale mass compared to former thoracic scanners, with the presence of a range of frosted glass Fowler and left basal pyramid.

Keywords: Hemangioma; Lung; Hemoptysis; Recurrent

Introduction
Pulmonary Angioma is an extremely rare benign vascular tumor, affecting primarily youth and, in exceptional cases, some adults. A single case of recurrent pulmonary Hemangioma has been reported and documented up until today [1]. The aim of our study is to report a medical observation of a case of recurrent Pulmonary Angioma. Based on this case, authors emphasize the need to consider this diagnosis when faced with lung tissue processes with recurrent hemoptysis where the prognosis may be at stake.

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maximum diameters of 30 and 12 mm respectively. A left lower lobectomy and wedge resection of the right lower lobe were performed. The comparison of the results of the histological study with the nodules resected 50 months before, confirmed the recurrence of pulmonary hemangioma.

Conclusion

Pulmonary hemangioma is a rare vascular tumor that occurs mainly in young patients. The risk of multiple and postoperative recurrence is rare but should not be ignored in order to establish an appropriate management. The prognosis of this tumor can be bad because of the risk of recurrent hemoptysis.

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Table 1: Summary of pulmonary hemangiomas reported in literature.

| Reference | Case (n) | Age at diagnosis | Sex | Clinical symptoms | Radiologic findings (location) | Follow-up | Pathology |
|-----------|----------|------------------|-----|-------------------|--------------------------------|-----------|-----------|
| Bowyer and Sheppard [1] | 1 | Neonate | F | Respiratory distress | A 6 cm sized air filled cyst (RLL) | No recurrence after lobectomy (follow up period is NA) |
| Galliani et al. [5] | 1 | 10 wks | M | Rhinorrhea, cough | A 7 cm sized mass (RLL) | No recurrence after lobectomy (follow up period: 12 months) | Cavennous hemangioma |
| | 2 | 8 wks | M | Respiratory distress | A cystic mass (RLL) | No recurrence after wedge resection (follow up period is NA) | Localized capillary hemangioma |
| Abrahams et al. [6] | 9 yrs | F | Cyanosis clubbing | Multiple nodules simulating ILD (predominantly right lung) | Died of massive hemoptysis | Multifocal capillary hemangioma |
| Fugo et al. [9] | 2 | 56 yrs | M | No specific symptom | A small semisolid nodule (LLL) | NA after segmentectomy | Localized capillary hemangioma |
| | 48 yrs | F | No specific symptom | A small semisolid nodule (RML) | NA after wedge resection | Localized capillary hemangioma |
| Capizzani et al. [7] | 1 | Neonate | M | Respiratory distress | Huge mass (right lung) | No recurrence after resection (follow up period: 6 months) | Both of capillary and cavernous component |

Citation: Janah H, Bopaka RG, ElKhattabi W, Affif H, Aichane A (2014) Recurrent Pulmonary Hemangioma: A Case Report. J Pulm Respir Med 4: 165. doi:10.4172/2161-105X.1000165