

NECROSIS OF LOWER THIRD FACE: RARE COMPLICATION DUE TO SCLEROTHERAPY FOR TREATMENT OF LABIAL HEMANGIOMA

CONFLICT OF INTERESTS

None of the authors has any conflict of interest.

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Introduction

One patient in the present case report who underwent sclerotherapy with ethanolamine for the treatment of hemangioma on the right lower lip and after application, presented extensive necrosis of the lower right third of the face. She underwent treatment to restore aesthetics and function lost due to this rare accident/complication.



Pre-op



Trans and inicial Pos-op

Discussion

Sclerotherapy is considered a safe procedure with a very low incidence of accidents and / or complications. There are reports of technical error and / or exaggerated amounts of sclerosing during accidents and/or complications;

There are some substances that can be used as sclerosing agents and depend on the professional's experience.

Zetaplasty has some variants and, even today, it is considered one of the best techniques for camouflaging scars.

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Case Report

Female patient, 65 years old, presented to the OMF service of Hospital Antônio Targino, in the city of Campina Grande, on November 8, 2018 with a complaint of extensive lesion on her right face after a dental procedure (sclerotherapy). The lesion was necrotic, with loss of substance, with extension of the right upper lip to the right cervical region; there was a lesion located on the right side of the nose. There was a complaint of severe painful symptoms in the region.

The patient reported having undergone sclerotherapy with ethanolamine in a hemangioma of approximately 0.5 cm in the lower lip on the right side. It also describes that two ampoules of 2ml each were used, making a total of 4ml of ethanolamine, in a single session. The final diagnosis was: tissue necrosis due to excess sclerosing material.

Under general anesthesia, all necrotic tissue was debrided, the epidermal layer was removed completely, but the underlying connective tissue (subcutaneous) was maintained, as it showed no signs of necrosis.

Therefore, a second surgical procedure was chosen in order to portray the aesthetic and functional sequelae. In this second moment, debridement and removal of all scar tissue in the lower labial region, commissure and part of the chin was performed. The region was covered, under general anesthesia, with a total tissue flap by z-plasty.

Membranes of platelet-rich fibrin (PRF) were used to cover the lesion and induce healing.



Conclusion

Although sclerotherapy for the treatment of lip hemangiomas with ethanolamine is an effective and safe technique, the amount of sclerosing should be consistent with the size of the lesion in order to reduce the chances of accidents and / or complications. The sequence of treatment for facial necrosis due to this type of complication is: surgical debridement, dressing changes with PRF in a second surgical procedure, zetaplasty. This sequence proved to be efficient in solving aesthetic and functional deficits.

REFERENCES

1. Dubois R. Sclérose des varices par l'oléate de monoéthanolamine [Sclerosis of varices by monoethanolamine oleate]. *Gaz Med Fr.* 1948 May;55(10):417.2.Tolentino ES, Faria LO, Vargas RM, Camarini C, SantinGC, Chicarelli da Silva M. Monoethanolamine oleate sclerotherapy for the treatment of intraoral vascular anomalies: retrospective study and suggestion for a clinical guideline. *Br J Oral Maxillofac Surg.* 2020 May;58(4):416-420.3.