Acquired sessile conjunctival capillary haemangioma in an adult managed with topical timolol

Deepsekhar Das, Sandton Jayakumari Simon Raj, Mandeep S Bajaj

DESCRIPTION

A 19-year-old woman presented to the ophthalmology outpatient department with complaints of a reddish mass in her right eye for the past 6 months. There was no history of any trauma, systemic illness or family history of similar lesions.

On general examination she was alert, conscious with stable vitals. On ophthalmological examination, visual acuity was 20/20 in both eyes, intraocular pressure (IOP) was 12 mm Hg in both eyes. On slit-lamp examination, a reddish, elevated lesion was noted on the nasal aspect of the bulbar conjunctiva of the right eye at 3 O’clock position. The sessile lesion was 1.5×2 mm in size. It was surrounded by a mildly dilated network of blood vessels. Rest of the anterior segment evaluation and dilated fundus examination were within normal limits.

A diagnosis of the acquired conjunctival capillary haemangioma was made based on the history and clinical findings. The patient was counselled regarding the disease. As she was complaining of cosmetic blemish, she was started on topical timolol maleate 0.5% gel solution two times per day after ruling out cardiac and pulmonary diseases by the cardiology and pulmonary medicine departments, respectively. There was a remarkable response to the topical beta-blocker as the lesion completely resolved in nearly 4 weeks (figures 1 and 2). The IOP was within normal limits at 6 weeks follow-up.

Haemangiomas are developmental malformations of blood vessels and usually present as red lesions which are elevated.1 They can be either sessile or pedunculated and are quite common, encompassing nearly 5%–10% of all the soft tissue tumours of infancy.2 According to the age of presentation, haemangiomas can be further classified in congenital, infantile and acquired. Congenital haemangiomas are rare and present in its full size at birth.3 Infantile haemangiomas usually present at birth and grow postnatally followed by involution. Acquired capillary haemangiomas are usually seen in adults but have also been reported in paediatric age group, they gradually increase in size.4–6

In 2011, Shields et al first described the term “acquired sessile haemangioma” in a series of 10 patients, where conjunctival vessels were arranged in layers, coursing anterior and posterior with ending loops.7

Histologically, these lesions are composed of endothelial cell lined vascular channels, which contain blood. They are positive for CD31 and CD34 hinting the presence of endothelial elements and are negative for Desmin indicating the lack of smooth muscle component.8

Acquired capillary haemangioma of bulbar conjunctiva can present with subconjunctival haemorrhages.9 A sudden haemorrhage into the lesion following trauma can also lead to the formation of a chocolate cyst.10

An isolated bulbar conjunctival haemangioma being a non-malignant condition without causing visual disturbances, some authors advocate regular observation.8 However, a similar lesion of the conjunctiva in the elderly age group must raise the suspicion of malignancy. The lesion should be...
and vasoconstriction. Timolol, a non-selective beta-blocker, has shown complete resolution of capillary haemangiomas in infants over 60 years of age.

The management of conjunctival haemangiomas depends on the presentation, growth and extent of the tumour. Many studies have shown complete resolution of capillary haemangiomas, which possess risk of bronchospasm, bradycardia, hypotension, hypoglycaemic and cardiac failure. Excision, cryotherapy and radiotherapy have also been described as management options. We performed a review of literature and could find a total of 14 acquired bulbar conjunctival haemangiomas which is illustrated in Table 1.

In our case, the patient had an acquired sessile capillary haemangioma of the bulbar conjunctiva which responded very well to topical timolol therapy. A well-circumscribed lesion in the substantia propria composed of capillary channels and proliferation of spindled to plump endothelial cells. Immunohistochemistry demonstrated CD31 expression in blood vessels and proliferating endothelial cells. Ki-67 reactivity was detected in rare, scattered cells. GLUT-1 was negative.

### Table 1

<table>
<thead>
<tr>
<th>Author/ Year</th>
<th>Age/sex</th>
<th>Clinical features</th>
<th>Imaging</th>
<th>Treatment</th>
<th>Holoprosencephaly</th>
<th>Recurrence/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chauhan et al. 2017</td>
<td>17/Male</td>
<td>Mass in the right eye for 3 months</td>
<td>Nil</td>
<td>Excision biopsy followed by antibiotic-steroid and topical timolol eye drops</td>
<td>Endothelium lined vessels indicative of capillary haemangioma.</td>
<td>No recurrence reported</td>
</tr>
<tr>
<td>Nattis et al. 2017</td>
<td>68/Male</td>
<td>Complain of blood-filled mass in the right eye for 3 months</td>
<td>Nil</td>
<td>Excision biopsy</td>
<td>Thin-walled vessels which are endothelium lined filled with blood.</td>
<td>No recurrence reported</td>
</tr>
<tr>
<td>Lubahn et al. 2014</td>
<td>77/Female</td>
<td>Red mass on the temporal bulbar conjunctiva</td>
<td>Nil</td>
<td>Topical timolol therapy</td>
<td>Nil</td>
<td>6-follow-up showed complete resolution of lesion</td>
</tr>
<tr>
<td>Shields et al. 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 1</td>
<td>54/Female</td>
<td>Sessile red mass with intertwined blood vessels (reported in all cases), largest diameter 2 mm on temporal bulbar conjunctiva</td>
<td>Fluorescein angiography of one case showed feeding artery and vein, with leakage of dye from the deep vessels, and no or minimal leakage from superficial vessels</td>
<td>Observation, cryotherapy</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 2</td>
<td>66/Male</td>
<td>Largest diameter 3 mm, on inferotemporal bulbar conjunctiva</td>
<td>Observation, cryotherapy</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 3</td>
<td>71/Female</td>
<td>Largest diameter 1.5 mm, on inferonasal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 4</td>
<td>34/Female</td>
<td>Largest diameter 2 mm, on inferotemporal palpebral location</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 5</td>
<td>58/Female</td>
<td>Largest diameter 2 mm, on temporal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 6</td>
<td>31/Female</td>
<td>Largest diameter 2 mm, on nasal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 7</td>
<td>58/Female</td>
<td>Largest diameter 2.5 mm, on inferotemporal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 8</td>
<td>83/Female</td>
<td>Largest diameter 2 mm, on temporal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 9</td>
<td>65/Female</td>
<td>Largest diameter 3 mm, on nasal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Case 10</td>
<td>57/Male</td>
<td>Largest diameter 2 mm, on temporal bulbar conjunctiva</td>
<td>Observation</td>
<td>Observation</td>
<td>Observation</td>
<td>No regression</td>
</tr>
<tr>
<td>Godfrey et al. 2016</td>
<td>11/Male</td>
<td>A 6 mm, raised, highly vascular dome-shaped mass in the left nasal interpalpebral bulbar conjunctiva with multiple large feeding vessels</td>
<td>Nil</td>
<td>Complete excision with wide margins and placement of Amniotic membrane graft on the conjunctival defect.</td>
<td>A well-circumscribed lesion in the substantia propria composed of capillary channels and proliferation of spindled to plump endothelial cells. Immunohistochemistry demonstrated CD31 expression in blood vessels and proliferating endothelial cells. Ki-67 reactivity was detected in rare, scattered cells. GLUT-1 was negative.</td>
<td>No recurrence at 1 month follow-up</td>
</tr>
</tbody>
</table>

**Patient’s perspective**

The red patch in my right eye had made my life hell. I was taunted at college by my friends. I am happy that it is not there anymore.
Acquired capillary haemangioma of bulbar conjunctiva is usually a benign condition but a similar lesion in the elderly age group should raise a suspicion of malignancy.

If the lesion is stable close monitoring can be done.

Topical timolol maleate 0.5% gel-forming solution is a well-tolerated treatment option for capillary haemangioma with promising result.

Contributors MSB and DD participated in the diagnosis and management of the patient. SJSR participated in designing the manuscript, preparing and finalising the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

ORCID ID Deepsekhar Das http://orcid.org/0000-0002-4446-0274

REFERENCES


9 Chauhan A, Gupta L, Chauhan S. Capillary hemangioma of the conjunctiva: a rare ocular surface growth 2017;56.


Learning points

► Acquired capillary haemangioma of bulbar conjunctiva is usually a benign condition but a similar lesion in the elderly age group should raise a suspicion of malignancy.

► If the lesion is stable close monitoring can be done.

► Intervention can be done for cosmesis, in case of a chocolate cyst or increase in size.

► Topical timolol maleate 0.5% gel-forming solution is a well-tolerated treatment option for capillary haemangioma with promising result.

Copyright 2020 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit https://www.bmj.com/company/products-services/rights-and-licensing/permissions/

Become a Fellow of BMJ Case Reports today and you can:

► Submit as many cases as you like
► Enjoy fast sympathetic peer review and rapid publication of accepted articles
► Access all the published articles
► Re-use any of the published material for personal use and teaching without further permission

Customer Service

If you have any further queries about your subscription, please contact our customer services team on +44 (0) 207111 1105 or via email at support@bmj.com.

Visit casereports.bmj.com for more articles like this and to become a Fellow.