Hemangiopericytoma of the tongue

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**INTRODUCTION**

Hemangiopericytoma is a rare type of tumor, which was first described in 1942 by Stout & Murray1,2. It is believed that the hemangiopericytoma stems from vascular cells called Zimmermann pericytes. These pericytes are found throughout the entire spiral body which involves the capillars and post-capillary venules3. There is a predilection for the muscle-skeletal system4. It represents about 1% of all the vascular tumors5, and it usually affects adults6. 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 growth7. We describe here the case of 34-year-old patient with this tumor in the oral cavity.

**CASE REPORT**

A 34-year old male patient with a lesion on the right tongue border, with two months of onset, with slow and progressive growth (Figure 1). He had been previously treated with cephalin in another clinic, for seven days, without improvement. We chose the excisional biopsy and completely resected the lesion, which was well outlined upon surgery. The microscopic exam showed an ulcerated nodular structure, and size greater than 6.5 cm².

The differential diagnosis of highly vascularized tumors in the head and neck is a challenge, especially because of the difficulty in differentiating hemangiopericytomas from other tumors which have a prominent vascularization8. The differentiation of the hemangiopericytoma with the solitary fibrous tissue is complicated because of its marked morphology and similar immunohistochemistry. Positiveness for antigens CD-99 and bCl-2 is similar to that of solitary fibrous tumor; nonetheless, CD-34 varies its reaction and is not inconsistently positive for hemangiopericytoma7.

The treatment of choice is complete surgical resection of the lesion. Adjvant radiotherapy and chemotherapy may be indicated in cases in which there is only a partial resection9.

Recurrences and distant metastases are rare in patients treated with complete surgical excision; nonetheless, most of the patients who had metastases or recurrences were diagnosed after over 40 months of follow up; suggesting a long standing postoperative follow-up for all the patients5.

**REFERENCES**


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