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## Diode laser treatment of a large oral hemangioma

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**Background.** Several options can be taken into account to treat hemangiomas; the most considered is the surgical excision, although total removal is not always possible, especially for large lesions, since vital structures can be involved. Another treatment includes the diode laser therapy.

**Objectives.** The aim of this study was to report a clinical case of micro-invasive treatment of a large oral hemangioma in the buccal mucosa using a 900 nm diode laser.

**Case report.** A 49-year-old female patient was referred to our sector of oral medicine reporting difficult chewing, swelling, and occasionally bleeding, from a congenital neof ormation. Clinical examination revealed a dark blue and multiglobular (size 5x3 cm) lesion of the right buccal mucosa. After diascopy, loss of normal coloration in the place of the lesion was observed. After the eco-doppler evaluation, a diagnosis of congenital haemangioma was formulated, and the patient was treated by photocoagulation by diode laser at 900 nm wavelength, and 2.5 W of power, in continuous wave mode for 90 s. Irradiation was delivered by means of a flexible quartz fiber that was kept 2-3 mm away from the lesion. Treatment was performed without topical, local, or general anesthesia, in six-monthly-sessions. All stages of treatment and healing were photographically documented. After the treatment, the lesion was blanched and visibile shrinkaged. No adverse effects (atrophy, scars, hyper- or hypopigmentation) were observed after the treatment. No intra and postoperative pain was reported by the patients. On 3-months follow-up, no recurrence was observed.

**Conclusions.** Likewise reported by other studies, diode laser photocoagulation treatment proved to be an useful method for the treatment of oral hemangiomas. For the safety of use and the absence of intra and postoperative discomfort for patients, it would be considered a valuable tool in the treatment of large hemangiomas.

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## Metastatic pleural mesothelioma in the maxillary gingival

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Malignant mesothelioma is a rare primary neoplasm that derives from mesothelial surfaces, pleura (65-70%), peritoneum (30%), tunica vaginalis testis and pericardium (1-2%). Male are affected more frequently than females (ratio 5:1); they are mainly adults in their fourth to seventh decade. It usually develops as a result of exposure to asbestos. There are three different histologic types: epithelioid (60%), sarcomatoid (10-20%), and biphasic (20-30%). Metastasis occurs at a late stage of the disease through direct invasion into adjacent tissues such as lymphatic and hematogenous dissemination. The most common sites are lungs, kidney, brain, uterus, adrenal glands, heart, pancreas, skin, lymph nodes, thyroid and bone marrow. Generally metastases of the oral cavity are uncommon in order only of 1% of oral malignant tumors. Most oral metastases involve the jaw bones more than soft tissues with a ratio of approximately 2:1, in particular mandibular molar and premolar regions. About oral soft tissues, the attached gingiva is the most common affect site. In the current report, the case of 52-year-old man with maxillary gingival metastasis from pleural mesothelioma is presented. From the results of the literature search, the tongue is the most common site of metastases from malignant mesothelioma. To the best of our knowledge, this is the second report about metastasis of mesothelioma to the maxillary gingiva.