

Brief review on the hemangioma of the temporal bone

Abstract

Hemangioma of the temporal bone is a benign tumor which arises from the blood vessels. This tumor has association with facial nerve and specifically geniculate ganglion. This is a brief review on some important aspects of pathology, diagnosis and treatment of this tumor.

Keywords: tumor, hemangioma, temporal bone

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Mini review

Temporal bone hemangioma is a benign tumor which arises from blood vessels and is in association with the facial nerve and specifically the geniculate ganglion. The internal auditory canal facial nerve lesions are less common and the symptoms which can be seen are like the ones related to the vestibular schwannoma. Facial weakness with twitching which is progressive with a slow manner or is recurrent, can be seen in temporal bone hemangioma. Bone destruction can be seen in Locally aggressive tumors which cochlear erosion can cause sensorineural hearing loss and also fallopian canal dilation.^{1,2}

In MRI study of the temporal bone hemangioma, the tumor would be hypo to isointense to the brain which would become enhanced with contrast in T1. An infiltrative erosive lesion with high possibility of having Intratumor calcifications at the geniculate ganglion with possible labyrinth or cochlear erosion, can be seen in CT study of the temporal bone hemangioma.³⁻⁵

Resection with nerve grafting is the surgical treatment option for large tumors or ones with complete facial paralysis. Internal auditory canal decompression would be the surgical treatment option for the internal auditory canal lesions without facial paralysis. If the lesions would be small and centered at the geniculate, the lesions can be dissected free from the nerve and the facial function can be preserved.

It is important for the surgeons to have knowledge about temporal bone hemangioma as one of the lesions which can involve the temporal bone, its manner and also diagnostic and treatment options

for this lesion to approach such pathology more precisely with lowest possible surgical complications.

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Conflicts of interest

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