

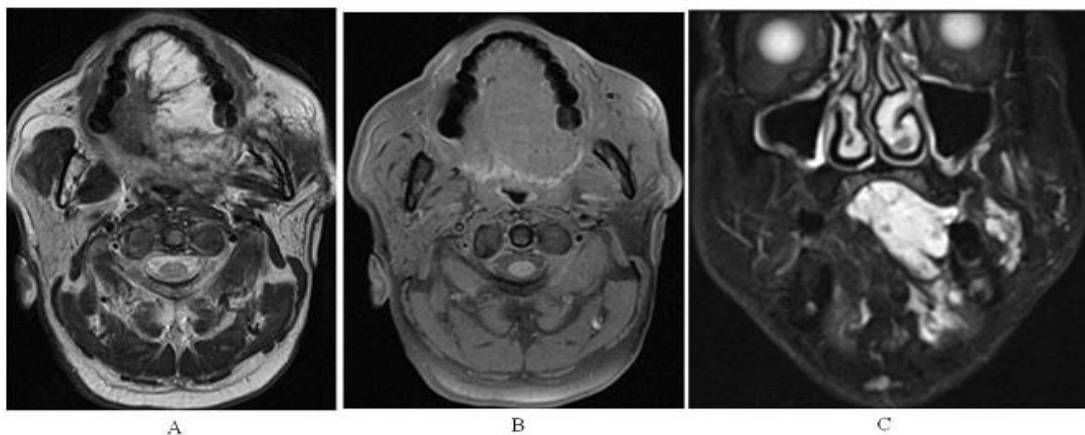
## A Case of the 10 days

### Case 236

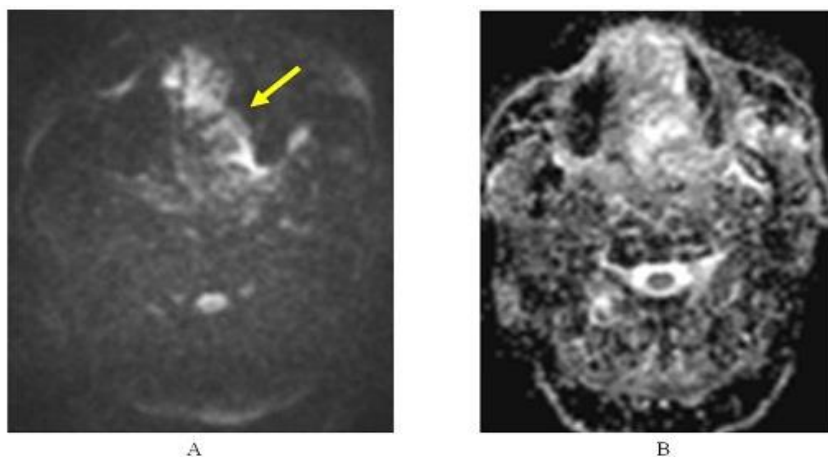
A seventy four-year-old male presented in our hospital for swollen tongue with a referring letter from a local hospital. It said he had angioma in the left tongue. Medical inspection showed a large swollen lesion with cyst and reddish-black vessels (Fig. 1). He previously received partially resection of its part but the lesion was growing year by year. He desired to get the lesion to be shrunken. He gave us MRI images he took in other hospital (Figs 2-4).



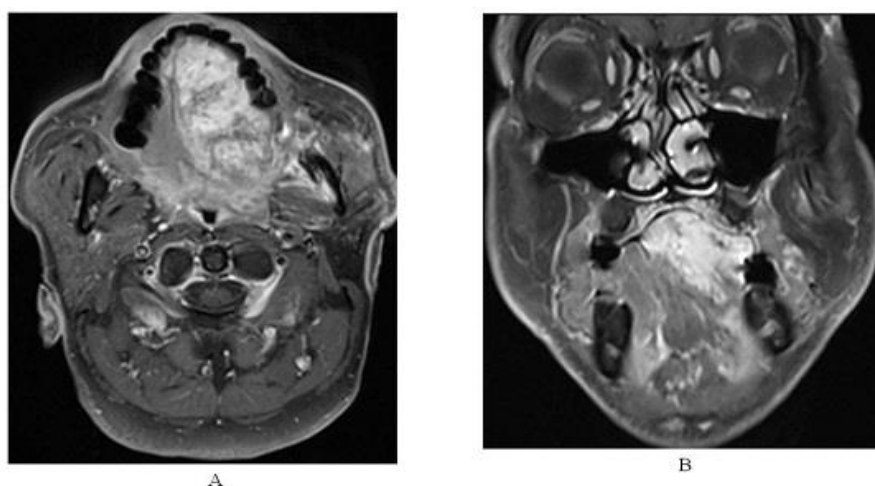
**Fig. 1**  
A macroscopic photograph depicts an edematous swollen lesion with cystic and red-dark components occupying a large part of the left half of the tongue.



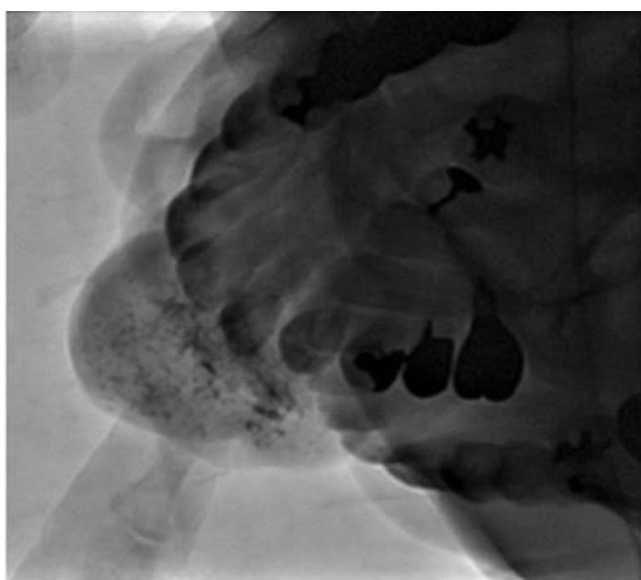
**Fig. 2** Axial images of face MRI with T2WI (A) and T1WI (B) depict a lesion of the tongue with high signal intensity and iso-signal intensity, respectively. A coronal image with MRI fat suppression T2WI depicts a lesion with high signal intensity.



**Fig. 3** A lesion of the tongue (arrow) is demonstrated high signal intensity on diffusion weighted imaging (A). Apparent diffusion coefficient values are not lowering corresponded to the lesion (B)



**Fig. 4** Gd-enhanced MRI T1WI depict an area with hyper signal intensity corresponded to the lesion of the tongue.



**Fig. 5**  
After treatment, a radiograph of the face depict linear or funicular opacities inside the lesion.

What is proper management for shrinkage of this lesion ?

---

1. Lipiodol infusion
2. Ethanol infusion
3. Lipiodol-ethanol emulsion infusion
4. Ethanol amine oleate infusion
5. N-butyl cyanoacrylate infusion

answer

2021.7.1