Classification of vascular anomalies

To the Editor—We read with interest the case report describing the 'oesophageal haemangioma'.[1] This related to a 59-year-old woman with a vascular lesion in her oesophagus. The discussion refers to the lesion as a vascular tumour. The question that we would like to raise is whether this was a vascular tumour or a vascular malformation. New generations of medical students are being specifically taught to recognise and appreciate the difference. We no longer want to find young adults with disfiguring facial lesions waiting for their 'haemangiomas' to involute spontaneously.

The current teaching in both medical schools is based on the classification system adopted by the International Society for the Study of Vascular Anomalies (ISSVA).[2] This basic classification was adopted by the ISSVA in 1996 and distinguishes between the two main types of vascular anomalies, namely the vascular tumour and the vascular malformation. Vascular tumours grow by cellular hyperplasia, most usually involving endothelial cells. Vascular malformations, however, have a quiescent endothelium and are regarded as localised anomalies in vascular anatomy, most probably due to faulty development in utero.

The use of a consistent classification system across the disciplines would be helpful and this particularly includes the radiological and pathological descriptions of vascular lesions. Proper classification will also guide us in applying the appropriate therapy. Medicine evolves and terminology becomes more precise. Is it possible that 'oesophageal haemangiomas' do not really exist? Perhaps not in the world of Mulliken and Glowacki,[3] and most probably not according to the ISSVA. Is it time to put them to rest in Hong Kong?

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