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Treatment of Hemangioma on The Forehead with Chemical Procedure by Dr. G. Dunkić: Case Report

Case Report

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Abstract

Background: Hemangiomas are benign vascular tumors. They can persist, and a small number increase over time, especially when located on exposed areas of the body such as the face. Surgical excision is the usual treatment option, and alternative methods may be used in patients with long-standing lesions.

Case report: The article describes the case of a 66-year-old man with a hemangioma on the forehead. The lesion had grown gradually over a period of 34 years and reached a size of approximately 1 cm in diameter. Surgical removal was recommended in 2020, but the intervention was postponed due to restrictions related to the COVID-19 pandemic. The patient was then treated with a patented chemical method developed by Dr. G. Dunkić. The hemangioma was completely removed in five treatments, with minimal scarring.

Conclusion: This case highlights the potential of chemical, non-invasive removal of hemangiomas using the method of Dr. G. Dunkić, which has been used since 1946, as an alternative to surgical excision.

Keywords

hemangioma, chemical removal, case report, non-invasive dermatological treatment

Credit: Health Care Clinic Apiderm Plus, Health Care Clinic Dunkic

Restrictions: Not to be used for advertising or in a defamatory context.

The chemical method for removing lesions by Dr. G. Dunkic is proprietary and unauthorized use is strictly prohibited. The proprietary chemical preparation used in this case is not disclosed in detail due to intellectual property protection. The focus of this report is on the clinical outcome rather than the composition of the agent.

Note on Method Availability: The mole removal method presented in this paper is the result of years of family-based experience and development. Due to its specificity, effectiveness, and practical value, the method is not publicly available for unrestricted use without prior agreement with the authors.

The authors are open to professional collaboration, including licensing, supervised clinical application, and research projects conducted under controlled conditions. Interested parties are invited to contact the authors directly using the information provided in this paper to discuss potential partnerships.

Our goal is to contribute to the advancement of alternative approaches in dermatological practice while preserving the integrity and ownership of the method.

Introduction

Hemangiomas are benign vascular tumors characterized by an abnormal proliferation of blood vessels. They represent one of the most common vascular anomalies, typically appearing in childhood, but in some cases persisting or progressing into adulthood. Although many hemangiomas undergo spontaneous regression, certain lesions remain stable or continue to grow, leading to functional or aesthetic concerns, as well as potential complications such as bleeding or ulceration.

The management of hemangiomas depends on their size, location, and clinical behavior. Treatment modalities include surgical excision, laser therapy, cryotherapy, and chemical ablation. Chemical removal, in particular, has been explored as a minimally invasive alternative in cases where surgery is contraindicated or delayed.

Nakanishi Y, et al. [1] reported a case of an intramuscular hemangioma of the chest wall in a young patient. Due to the high risk of recurrence, the lesion was managed by wide local excision, which resulted in complete removal and favorable outcome. the authors emphasized that intramuscular hemangiomas are rare and often present diagnostic challenges, necessitating careful preoperative evaluation. In this case, surgical excision provided both definitive treatment and prevention of potential recurrence, underscoring the importance of complete resection in managing deep-seated vascular lesions.

Bird CE, et al. [2] reported a case of a massive intraosseous hemangioma of the frontal bone, treated successfully with surgical resection and subsequent reconstruction. The authors noted that complete excision was essential to prevent recurrence and that reconstructive techniques ensured both structural stability and satisfactory cosmetic outcome. Saliha AM, et al. [3] reported a complex case of facial hemangioma necessitating surgical excision followed by mesh reconstruction. The authors also provided a literature review highlighting comparable cases and discussing reconstructive strategies after extensive hemangioma removal.

Wu J et al. [4] demonstrated that the combination of 755 nm long pulse alexandrite laser therapy and topical timolol maleate was effective in reducing thicker infantile hemangiomas, with a favorable safety profile. The authors observed significant regression of lesion thickness and improvement in cosmetic appearance without major adverse effects. Furthermore, the combined modality was well tolerated by patients and provided a promising alternative to conventional monotherapies.

Ademi R, et al. [5] reported successful management of an intraoral superficial hemangioma using sclerotherapy, achieving complete resolution without the need for surgical excision. The authors emphasized the minimally invasive nature of sclerotherapy, noting the absence of significant complications during treatment. Moreover, the case highlights sclerotherapy as a safe and effective alternative for vascular lesions in anatomically sensitive regions such as the oral cavity.

Ayyappan K, et al. [6] described a case of buccal mucosa hemangioma treated with sclerotherapy, resulting in full regression of the lesion and no complications. The authors highlighted the simplicity and cost effectiveness of sclerotherapy, particularly in anatomically delicate regions such as the oral cavity. In addition, the favorable outcome without recurrence underscores its value as a safe and minimally invasive therapeutic option for superficial vascular lesions.

This paper presents the case of a 66-year-old patient with a hemangioma located on the forehead, measuring approximately 1 cm in diameter. The lesion first appeared 34 years ago and was associated with significant bleeding following minor trauma at the time of onset. Surgical removal was recommended in 2020; however, the intervention was postponed due to restrictions related to the COVID 19 pandemic. In this context, chemical removal was selected as the therapeutic approach.

Chemical Method by Dr. G. Dunkic

The chemical method developed by Dr. G. Dunkic in 1946 represents a distinctive approach to the removal of benign lesions. The preparation consists of a synergistic mixture of chemical agents, which, upon topical application to the target lesion, immediately destroy the tissue with which they come into contact, and at the same time supports comprehensive re-epithelialization and structural regeneration of the skin. Within 24 to 72 hours following treatment, a crust forms at the site of application. This crust typically detaches spontaneously after an average of 15 to 30 days, resulting in either complete elimination of the lesion or partial removal. In cases of incomplete removal, the procedure can be repeated as many times as needed, until the lesion is fully eradicated.

Recent publications have highlighted the application of a chemical method developed by Dr. G. Dunkic for the removal of benign and malignant cutaneous lesions. Djordjevic N, et al. presented several examples of benign lesion removal using this approach, demonstrating its practical applicability in dermatological practice [7]. In addition, Djordjevic N, et al. reported the use of the same technique for cosmetic mole removal, emphasizing its minimally invasive character and favorable aesthetic outcomes [8]. More recently, Djordjevic N, et al. described successful treatment of a nodular non pigmented basal

cell carcinoma of the nose with this chemical procedure, underscoring its potential as an alternative to conventional surgical methods [9]. Collectively, these reports provide growing evidence that the chemical method may represent a safe, effective, and cosmetically advantageous option for selected dermatological lesions.

Importantly, when the chemical solution preparation by Dr G. Dunkic is applied to healthy skin, full regeneration of the tissue occurs without permanent damage. This method has demonstrated the capacity to remove a wide spectrum of benign lesions, offering a non-invasive alternative to conventional surgical techniques.

The aim of this study is to describe the clinical course, treatment procedure, and outcomes of chemical removal of a long standing hemangioma, highlighting both the challenges and advantages of this method in comparison to conventional surgical techniques.

Case Presentation

A 66-year-old male patient presented with a vascular lesion localized to the frontal region, measuring approximately 10 mm in diameter. The lesion was first noted 34 years earlier, when the patient sustained minor trauma to the site, resulting in profuse hemorrhage. Over subsequent years, the lesion demonstrated a slow but progressive increase in size.

In 2000, upon reaching a diameter of approximately 1 cm, the patient sought medical evaluation. Clinical examination at that time established the diagnosis of hemangioma, and surgical excision was recommended. The procedure was scheduled; however, due to the onset of the COVID 19 pandemic, the intervention was postponed indefinitely.

In the previous year, the patient represented with a request for definitive treatment of the forehead lesion. Having been informed about the chemical ablation method for benign lesions developed by Dr. G. Dunkic, the patient expressed preference for this non-invasive approach and elected to undergo chemical removal of the hemangioma.

Intervention and Clinical Course

In view of the lesion's morphology and dimensions, a total of five treatment sessions were performed at two-month intervals. Following each application of the chemical preparation, a well demarcated and stable eschar developed at the treatment site, which typically detached spontaneously after 20 to 25 days. The healing process was consistent across sessions, with progressive resolution of the lesion.

Figure 1: Clinical sequence of chemical treatment of a forehead lesion, showing initial presentation, application of the agent, scab formation, and regression after treatment.

Throughout the course of therapy, no intra procedural hemorrhage was observed, local anesthesia was not required, and no secondary infection occurred. The patient remained in good general condition and tolerated the procedures without adverse events. He was advised to refrain from manipulating the treated area or disturbing the eschar, and to avoid contact with water for 72 hours post application.

Regular follow up examinations were conducted, confirming uneventful wound healing and satisfactory clinical progress.

Figure 1. illustrates the clinical course of chemical treatment applied to a forehead hemangioma. Panel 1 shows the initial presentation with a raised lesion. Panel 2 depicts the application of the chemical agent, followed by Panel 3 where a well-defined eschar is formed at the treatment site. Panel 4 demonstrates the post treatment outcome, with complete removal of the lesion and the appearance of newly formed erythematous skin. This sequence highlights the effectiveness of the chemical method in achieving lesion resolution without surgical intervention.

Following detachment of the final eschar after the fifth treatment session, the treated site revealed newly formed, healthy pink skin with no residual evidence of the previously present hemangioma. The patient reported excellent overall well-being. At one year follow up, only minimal scar tissue was discernible at the site, with satisfactory cosmetic outcome and no recurrence of the lesion.

Conclusion

Based on the presented clinical case of a hemangioma located on the patient's head, it can be concluded that the removal was achieved without secondary infection and with an uneventful postoperative course. The lesion required five sessions of treatment with a chemical preparation, following the protocol of Dr. G. Dunkic. The patient reported excellent well-being during the recovery period, and the hemangioma was completely eradicated, leaving only minimal residual marks on the scalp. At the follow-up examination one year after treatment, no recurrence was observed, and the scar tissue was barely visible, although the patient expressed only moderate satisfaction with the aesthetic outcome.

The participant was fully informed about the purpose, procedures, risks, and benefits of the study, which enabled them to make a voluntary and informed decision to participate. Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflict of Interest

The authors declare that they have no conflict of interest related to this publication.

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