INFANTILE HEMANGIOMAS

Hemangiomas are collections of extra blood vessels in the skin. They are a **common birthmark** and are **present in up to 10% of healthy Caucasian infants.** They may not be visible at birth, but rather develop in the first few weeks of life. Initially they may look like a reddish-blue skin marking before they grow and become more noticeable.

Hemangiomas usually follow a predictable course: They grow quickly in the first 9 months (proliferative phase). Then, they tend to stay stable with very little change for several months (plateau phase), before they slowly start to shrink (involution phase). However, each hemangioma can behave a little differently. Surface hemangiomas usually stop growing by 9 months of age. Deep hemangiomas can grow up to 1- 2 years of age.

The first signs noted when the hemangioma starts going away are a change of colour (bright red to greyish colour). It may take months or years for the hemangioma to completely go away, but the cosmetic result at the end is usually excellent without any treatment. **As a rule of thumb, by age 3 years, 30% of hemangiomas have completely gone away**; by **age 5 years, 50%** and by **age 9 years, 90%** will have gone away.

Unfortunately, some hemangiomas can cause problems and problems include breakdown of the skin (ulceration), hemangiomas that press on important organs (eyes, throat, spine, nose) or large hemangiomas, that can leave behind leftover tissue when they go away. Although hemangiomas are caused by blood vessels, they rarely bleed.

Ulcerated hemangioma

Anatomic distortion

Deep hemangioma

Residual tissue

Treatment

Most small hemangiomas do not need to be treated. However, some of them can and should be treated.

1. Topical timolol

For 'surface' hemangiomas, an off-label eye drop can be safely used to help shrink down the hemangioma. This is particularly useful for **small hemangiomas on the face.**

2. Oral beta-blockers

Propranolol, nadolol and atenolol by mouth have been shown to help treat problematic hemangiomas safely. Usually, this is used for at least a year for hemangiomas that are life or limb-threatening.

3. Pulse-dye laser

Laser it is usually reserved for ulcerated hemangiomas that do not respond to oral treatments

4. Oral corticosteroids

In hemangiomas that do no respond to regular treatments, oral 'steroids' is an option. However, this is rarely used these days.

5. Surgery

Some of these hemangioma will leave behind significant residual tissue. Surgery is an option to help reduce/remove this.

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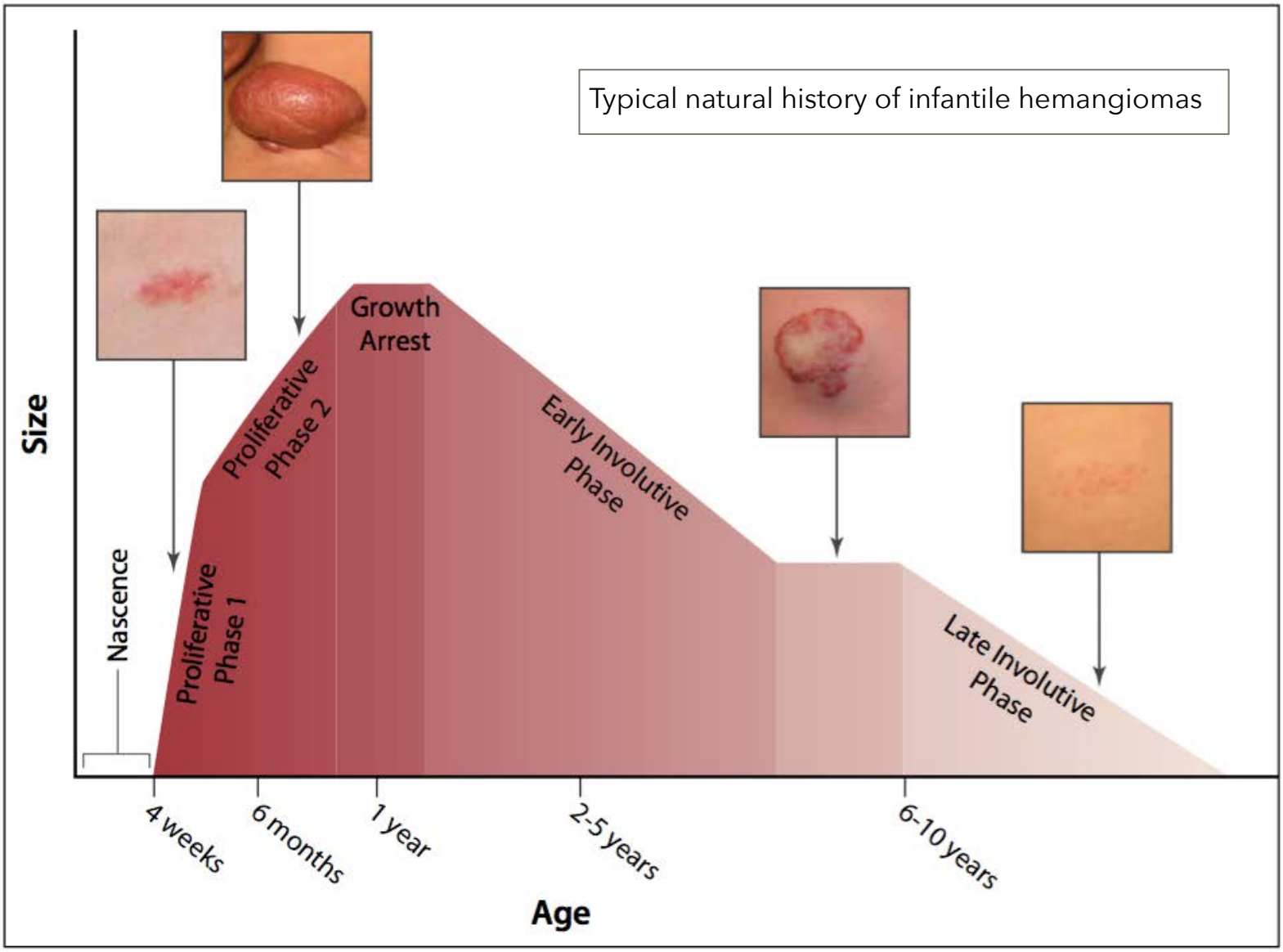
Typical natural history of infantile hemangiomas



More examples of infantile hemangiomas

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