Infantile Hemangiomas

Risk factors

- Prematurity
- Low birthweight
- Female sex
- Caucasian

Superficial hemangioma

Segmental superficial hemangioma

Mixed superficial and deep hemangioma

Natural history

- May be present at birth or appear in the first 2 months of life
- Rapidly expand over the first few months, then stabilize and finally involute over a few years.
- Most are maximally involuted by 5 years old. Virtually all are maximally involuted by 9 years old.
- May leave residual skin changes.

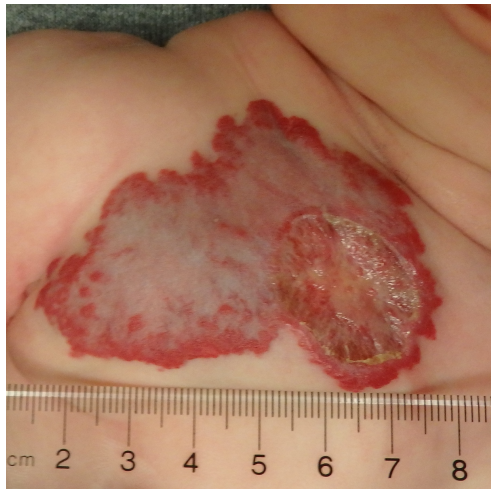
Classified as superficial, deep, or mixed:

Superficial → bright red, sharply demarcated.

Deep → elevated, blue hue. Overlying skin may appear normal in color or have an overlying superficial hemangioma.

Complications

- Ulceration
- Blocking a vital function i.e eye, lip, airway
- Large hepatic hemangiomas can cause heart failure
- Cosmetic



Ulcerated hemangioma

Infantile Hemangiomas

Treatment options

1. Watchful waiting & anticipatory guidance about natural history
2. Topical: Timolol 0.05% – 1-2 drops applied to hemangioma BID
3. Systemic: Propranolol

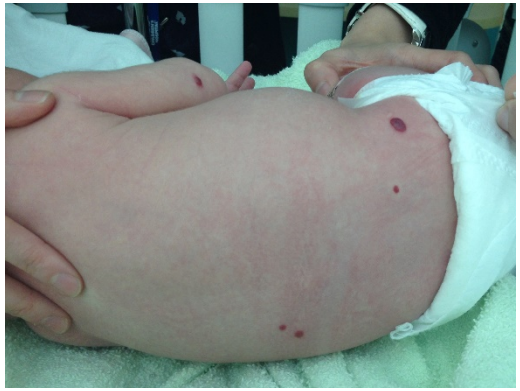
•Side effects: bradycardia, hypotension, hypoglycemia, sleep disturbances, reflux, worsening asthma

Indications to treat systemically

➢Ulceration
➢Impairing function
➢Cosmetically disfiguring

Periocular hemangioma requiring ophthalmology review

Residual skin changes



Multiple hemangiomas

When to do further investigations?

- More than 5 superficial hemangiomas → Abdominal ultrasound to check for hepatic involvement
- Diagnosis uncertain → ultrasound
- Beard distribution → concern re: airway hemangioma. Investigate if stridor or respiratory concern
- Segmental hemangioma of face or head → Evaluate for PHACES syndrome
- Midline paraspinal → Ultrasonography or MRI to evaluate for occult spinal dysraphism