Haemangiomas

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Haemangiomas are the most common benign tumours in infancy. There is a characteristic clinical presentation with an initial proliferation phase followed by stabilization and eventually spontaneous involution. Haemangiomas occur in 1–2% of white newborns, but the prevalence figure at 1 year of age is in the range of 10–12%. Approximately 1/3 of the lesions are present at birth, and the remainder usually develop during the first month of life. There is considerable variation in the appearance of the haemangiomas depending on the size, depth and stage of evolution. The superficial lesion is usually a vivid red plaque or nodule whereas the deeper lesion is skin-coloured and more compressible with teleangiectatic vessels on the surface. Some deep lesions have a central superficial component and are called mixed haemangiomas.

A 3 months old infant was seen in the out-patient dermatologic clinic with a disfiguring facial vascular birthmark (Fig. 1). Based on the clinical findings a mixed haemangioma affection the left facial region including the orbicular area was diagnosed. The visual function was preserved.

It was decided to await spontaneous involution. In the following years a gradual reduction in the size and depth of the lesion was noticed and at the age of 5 years only minimal superficial recidual teleangiectatic lesions remained (Fig. 2).

Treatment of haemangiomas should, as a rule, be conservative, as the prognosis is excellent even in infants with extensive lesions, as in our patient. In many instances a better cosmetic result is achieved with a non-intervention approach than if there is active intervention. Laser treatment has not been documented to fasten the involution. Regular visits to the dermatologic clinic every 6 months is recommended. Certain events may necessitate active treatment, usually with prednisolone. These events include: bleeding, ulceration, disseminated, oro-labial, ano-genital or ocular lesions as well as Kasabach-Merritt syndrome.

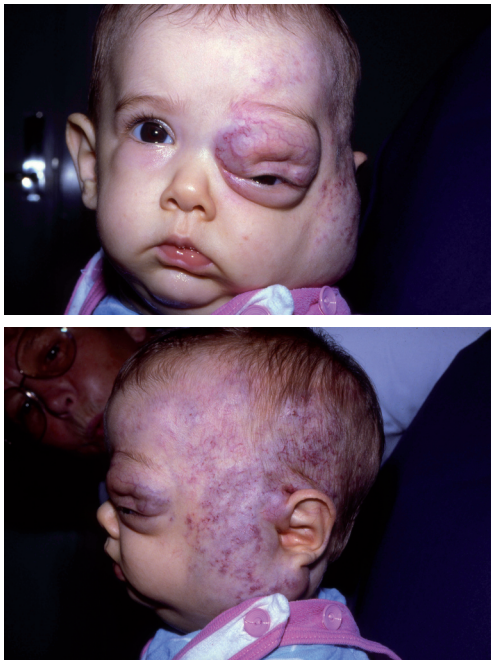

Fig. 1. Extensive hemifacial mixed haemangioma in a 3 month old infant.

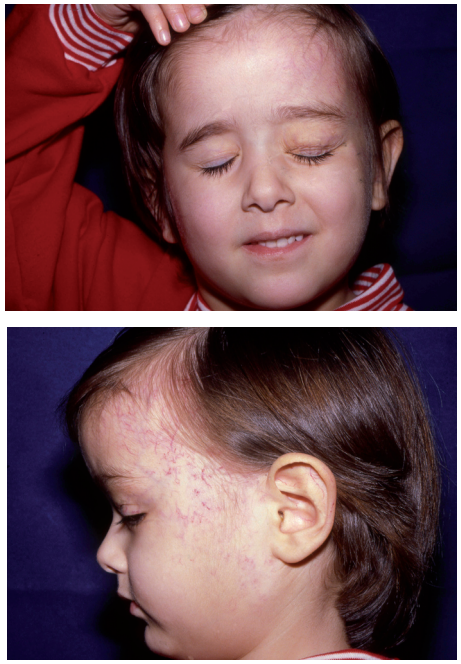

Fig. 2. Spontaneous involution of mixed hemifacial haemangioma 5 years later (same child as in Fig. 1).