CASE REPORT

ULCERATED HEMANGIOMA - SURVEILLANCE ONLY

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ИЗЪЯЗВЛЕННАЯ ГЕМАНГИОМА – НАБЛЮДЕНИЕ

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ABSTRACT

Infantile hemangiomas are reported in 10-12% of children less than 1 year of age, with ulceration in about 5-13% of cases. Little is known about the mechanism of this disease and explanations are still being looked for.

We present a 4-month-old female infant with haemangioma on the left buttock; the hemangioma was noticed at 2 weeks of age, progressively enlarging and ulcerated.

Key words: *infantile hemangioma, skin diseases, child, ulceration*

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РЕЗЮМЕ

Детские гемангиомы встречаются примерно у 10 до 12% детей в возрасте до одного года, при этом в 5 до 13% случаев наблюдается изъязвление гемангиомы. Этиология данного заболевания является невыясненной и продолжается поиск объяснения. Сообщаем о 4-х месячной девочке с гемангиомой в левой ягодичной области, возникшей в возрасте двух недель и прогрессивно нарастающей с изъязвлением.

Ключевые слова: *детская гемангиома, кожные заболевания, ребёнок, ulcerация*

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INTRODUCTION

Infantile or neonatal haemangioma is a vascular tumour derived from endothelial cells, not present at birth and appearing in the early neonatal period with a distinctive growth cycle. This cycle has three distinct stages: proliferation phase (early rapid growth), steady (constant) phase and slow regression (involution) phase that generally occurs before the age of 5-10 years.¹

Evolution is unpredictable, but correlated with size: small hemangiomas typically grow rapidly for a few weeks to months, compared to larger hemangiomas with a longer evolution that takes months or even years.² Ulceration is the most common complication and the main reason for medical debates in this aspect.

CASE REPORT

A 4-month-old female infant presented in our Department of Dermatology with haemangioma on the left buttock, noticed by her mother at 2 weeks of age, progressively enlarging and ulcerated. At physical examination a plaque-nodular erythematous lesion, ulcerated in the center on the left buttock and near anus was observed. The lesion was progressively enlarging with ulceration getting deeper and larger over the last weeks.

The diagnosis of ulcerated infantile hemangioma was made but no treatment was started. Small bleeding was described by the mother, but there were no other complaints. A thorough pediatric consultation was required as the infant was in a

good health state; the laboratory studies showed no abnormalities, and the genetic studies of child and family members turned to be normal. LUMBAR syndrome (Lower body hemangioma/Lipoma or other cutaneous defects, Urogenital anomalies, Myelopathy, Bony deformities, Anorectal/Arterial anomalies, and Renal anomalies) was taken into consideration and abdominal ultrasound study was performed which yielded no abnormal results.

Another concern was that ulcerated hemangiomas are often painful, with a high risk of local or

systemic infection and permanent scars.

At first the Pediatric Surgery Department recommended a large excision and then the therapy was to include high doses of propranolol administered orally.

A very hard work was done in order to convince the family and other medical staff to postpone any type of intervention, to observe the child closely and to offer just mild remedies for the erythema, local infection, pruritus or any other complications.

The hemangioma continued to enlarge and to

Figure 1. The phases of the healing process of hemangioma with ulceration in a 4-month-old female infant - May 2013.

Figure 2. The phases of the healing process of hemangioma with ulceration in a 4-month-old female infant - June 2013.

Figure 3. The phases of the healing process of hemangioma with ulceration in a 4-month-old female infant - July 2013.

Figure 4. The phases of the healing process of hemangioma with ulceration in a 4-month-old female infant - August 2013.

ulcerate in the center, in parallel with scarring at the edges. Also, normal skin was noticed to appear along with scarring.

Apart from the simple cleansing procedures (soap and water) given daily, emollients were used and short course of topical class II steroids cream was administered once daily for 7 days.

During the months of evolution no infections were noted, no hemorrhages, no systemic problems, the child being under normal growth curb (Figs 1, 2, 3, 4).

DISCUSSION

Although infantile hemangiomas are reported in 10-12% of children less than 1 year of age¹, with ulceration in about 5-13% of cases³ little is known about the etiology of the condition and explanations are still searched. The following explanations were found in the latest relevant literature:

- localization of the hemangioma in areas with a risk of trauma (especially friction): neck, diaper area⁴, infections, maceration⁵,
- tissue hypoxia caused by the loss of equilibrium between the size of hemangioma and its fast growing phase and blood supply⁶,
- superficial hemangiomas have a higher risk of ulceration compared with the deeper variants⁷.

The duration of ulceration phase is controversial and depends on multiple variables.

In the present case the localization (perianal region), the size of tumor, local trauma (friction and maceration), possible bacteria colonization and proliferation phase may partially account for the ulceration.

A premature female child with low birth weight has the highest risk of ulcerated hemangioma.⁸

Ulceration occurs during the proliferation phase⁶ – it is the moment of great anxiety for members of the family; it is the moment of important medical decisions to take and choose between surgery, cryotherapy, laser treatment, intratumoral injections, imiquimod, orally or topical propranolol/timolol.⁹

Only recommendation of regular control and lavage with soap and water was the choice of therapy.

Ulceration gets larger every month in the center with atrophy and scarring at the edges, but with

better esthetical results than those that could have been obtained by using classic surgery approach and without the side effects of systemic propranolol. In a few months a large area of almost normal skin will cover the site of previous hemangioma.

CONCLUSION

Many questions remain unanswered as to why ulceration occurs during the evolution of hemangiomas and how it should be treated.

Hemangioma is a self-limiting vascular tumor, with an unpredictable evolution and severe complications (ulceration), with difficult medical decisions to take how to treat it. 'Wait and see' approach seems to be a choice with wonderful results.

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