

Southside Dermatology

HEMANGIOMA OF INFANCY

Hemangioma of infancy is a benign tumor which is one of the most common skin problems during the first year of life. Although only 1 to 2.6% of newborn infants have hemangiomas present at birth, they are found in up to 10% of patients by 1 year of age and appear most frequently during the first one to four weeks of life. Hemangiomas may have different appearance, depending upon the depth of the increased number of blood vessels. Most superficial hemangiomas tend to be bright red and elevated with an uneven surface. Deeper hemangiomas tend to be smooth on the surface, but blue in coloration. Many times, both red and blue components will be present. Not infrequently, the most superficial types of hemangiomas will begin as flat, pink areas, or even look like a bruise or scratch at birth, and then rapidly change into the elevated, bright red lesions.

Hemangiomas typically tend to enlarge in size between 1 month and approximately 8 months of age, then reach a plateau and begin to resolve most extensively between 1 and 3 years of age. Approximately 50% of hemangiomas resolve by age 5 years and more than 90% are totally gone by 9 years of age. Rarely involution until 12 years of age is seen.

The natural history of eventual resolution of these lesions and the potential side effects of available treatments, we recommend treatment only when indicated. Indications for intervention include:

- 1.) Ulceration (breakdown of the skin)
- 2.) Interference with a vital function such as breathing, eating, vision or hearing.
- 3.) Rapid growth and size that there is a high risk of leaving a disfiguring scar.

The most common means of intervention include topical or systemic beta-blockers (timolol gel, propranolol) systemic or intralesional corticosteroids, topical corticosteroids, laser surgery and excisional surgery. The choice to use one or another depends on the location, depth, and size of the hemangioma. Children with hemangiomas which may cause problems should be followed closely. **For many children, ongoing intermittent observation by your doctor for any change is most appropriate.** Photographs to monitor growth and involution can be very helpful in management.

If the hemangioma is in a visible location, you will probably be bombarded by questions or even rude comments from strangers. You need to find an approach to help cope with these comments. Discuss this with your family and doctors. It is very important that the children be treated as a normal child in every possible way.

Excellent information regarding hemangiomas and other vascular birthmarks can be obtained from the Boston Children's Vascular Anomalies website by going to the Children's Hospital website, www.childrenshospital.org and searching under "vascular anomalies."