WHAT ARE INFANTILE HEMANGIOMAS?

Hemangiomas are harmless collections of extra blood vessels in the skin. They are a common birthmark and are present in up to 5% of healthy full term newborns. 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 apparent.

Hemangiomas take a special natural course: Once they are present, they show rapid growth for 6-12 months (proliferative phase). Then, they tend to stay stable with very little change for several months to few years (plateau phase), before they slowly start to shrink (involution phase). Though it is difficult to predict exactly how a particular hemangioma is going to behave, it is important to remember this natural course, especially during the time of rapid growth. We understand that this is very worrisome to parents, and we would like to follow your child closely during those months and provide the needed support! The first signs noted when the hemangioma starts to resolve are a change of color from bright red/blue to central graying, lilac or whitening and no further increase in size. It may take months or years for the hemangioma to completely go away, but the cosmetic result for most hemangiomas on the body at the end is good without any treatment. As a rule of thumb, clinical experience has shown that by age 3 years, 30% of hemangiomas have completely resolved; by age 5 years, 50% and by age 9 years, 90% will have gone away spontaneously.

WHEN SHOULD I BE CONCERNED ABOUT MY CHILD’S HEMANGIOMA?

Hemangiomas can occur anywhere on the body, including internally, and come in all shapes and sizes; there are some situations when they may cause problems and may need treatment.

Location is an important factor. If a hemangioma is found near the eye, nose, mouth, neck, ear, groin or buttocks, it may cause pressure and interfere with the normal function of important body parts. It may cause problems with vision, breathing, feeding and toileting. It can also cause disfigurement from rapid growth, especially in locations such as the nose, eyes, or lips.

Ulceration can occur during the rapid growth phase of a hemangioma. If this happens, it is often painful, may leave a scar and may get infected.

Bleeding of the hemangioma may occur during a rapid growth phase, along with ulceration. Generally bleeding is not severe. It is important to apply firm pressure to the area (15-20 minutes without peeking) which will stop the acute bleeding in most cases.

If any of the situations mentioned above occur, we would like to hear about it and see your child as soon as possible because we may recommend a treatment. There are different treatment options and combination treatments available. Our recommendation will depend on your child’s particular circumstance.

HEMANGIOMA MYTHS

Reviewed some of the myths on hemangiomas:

Doesn't turn into cancer
Doesn't extend later or invade into the body
Can't put a needle in to remove the fluid
Laser doesn't remove the hemangioma or make it resolve more rapidly
Not related to what mom ate or did during pregnancy
Not genetic - this doesn't mean your other children will have these
The don't get infected easily
They don't bleed easily with falls or scrapes

TREATMENT OPTIONS

Treatment options for hemangiomas range from active observation, oral medications, topical medications, medications we inject into the hemangioma and laser treatment. Observation and patience is the most common and usually the best plan.

Steroids may be used as a topical cream, as medication by mouth, or injected into a hemangioma to help it shrink in size or stop further growth. Other oral therapies, such as propranolol (a common blood pressure medication) may be recommended in complicated cases, but requires close monitoring. A topical form of propranolol is also available and may be recommended in select cases.

Laser may be used to treat ulcerations or to treat the left over red coloration from an involuted or shrunken hemangioma. The laser selectively destroys the extra superficial blood vessels in a hemangioma. There are also numbing creams available that make the laser treatment relatively painless for the child.

Surgery may be an option to the natural outcome of a hemangioma that regress and leaves excess skin behind. Surgery is usually not necessary during first few years unless hemangioma is in an anatomically sensitive area and is obstructing vision or breathing, or has ulceration, pain or bleeding. This extra skin may be cosmetically concerning and affect the development of the child. The bigger the hemangioma gets, the more difficult it is to surgically remove and so other medical treatments maybe helpful in the growth phase, before surgery can be considered as a treatment option.

The options described above are recommended in cases where complications do occur. Most hemangiomas go through their natural course without causing problems and resolve by themselves without leaving a very noticeable mark!

RECOMMENDED WEBSITES FOR PARENTS AND FAMILIES

• www.childrenshospital.org/health-topics
• http://www.hemangiomaeducation.org/info_faq.html
• http://www.novanews.org/information/hemangioma
• www.vasculardisease.org
• www.archildrens.org/Services/Vascular-Anomalies-Center-of-Excellence/Parent-Patient-Resources/Support-Groups.aspx
• www.birthmark.org/node/24
• www.rchsd.org/programs-services/dermatology
• www.uphs.upenn.edu/surgery/clinical/plastic/hemangioma
• http://www.healthychildren.org/English/health-issues/conditions/skin/Pages/Birthmarks-Hemangiomas.aspx