Counting Hemangiomas Can Help Determine Risk

BY SHERRY BOSCHERT

Counting hemangiomas is one way to identify higher risk when managing infantile hemangiomas, which are tremendously heterogeneous, according to Dr. Ilona J. Frieden.

For example, having more than five infantile hemangiomas increases the risk of having liver hemangiomas, she explained at a women's and pediatric dermatology seminar sponsored by Skin Disease Education Foundation (SDEF).

Infantile hemangiomas reach 80% of their maximum size at a mean age of 3 months, a study of more than 1,000 patients found (Pediatrics 2008;122:360-7). By 5 months, 80% have finished growing, highlighting the importance of early referral to a specialist.

Hemangiomas in the periocular region, airway, or liver can cause some of the greatest potential medical morbidities, noted Dr. Frieden, director of pediatric dermatology at the University of California, San Francisco. The risk of permanent disfigurement is a common reason for treatment, and this is particularly true for hemangiomas involving the central face, nasal tip, ear, glabella, cheek, and perioral area.

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DR. FRIEDEN

Localized hemangiomas—those that are spatially confined and often appear to arise from a central focal point—are of less concern than segmental ones, though localized lesions can cause problems if they grow large enough.

Segmental hemangiomas—those that affect a broad anatomic region or a recognized developmental unit such as an entire ear or that seem dermatomal—are significantly more likely to develop complications and to need treatment, compared with localized lesions, she noted.

Residual skin changes are more likely if the infantile hemangioma is pedunculated or there is a sharp drop-off or steep slope to the lesion. Thin plaques and lesions with a gradual slope to normal skin have a better prognosis.

Ulceration, which is the most common complication of hemangiomas, occurs at a median age of 4 months. It is more likely in hemangiomas that are segmental (33%, versus 7% localized), and in hemangiomas on the lower lip (30%), neck (25%), and anogenital area (50%), Dr. Frieden noted.

The tremendous heterogeneity of infantile hemangiomas can complicate parental peace of mind when a worried parent turns to the Internet for information. Internet postings tend to emphasize worst cases, and parents lack the context for interpreting the information they find, so it is important to be proactive and discuss this with them, she advised.

Dr. Frieden is a consultant to Pierre Fabre Laboratories, which is conducting trials of propranolol as a treatment for hemangiomas. SDEF and this news organization are owned by Elsevier. ■

COURTESY DR. ILONA J. FRIEDEN

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