

## HEMANGIOMA OF INFANCY A RARE CASE REPORT IN PAEDIARTIC PATIENT

Nandakumar S<sup>1</sup>., Pallavan B<sup>2</sup>., Thiruneervannan R<sup>3</sup>., Catherine N.C<sup>4</sup> and Venkatesh R<sup>5</sup>

<sup>1</sup>Department of Pedodontics, Vinayaka Mission Dental College, Pondicherry

<sup>2,3</sup>Vinayaka Mission's Dental College, Cuddalore Main Road, Kirumampakkam, Puducherry-607403

<sup>4,5</sup>Pedodontist

### ARTICLE INFO

#### Article History:

Received 12<sup>th</sup> March, 2018

Received in revised form 10<sup>th</sup>

April, 2018

Accepted 7<sup>th</sup> May, 2018

Published online 28<sup>th</sup> June, 2018

### ABSTRACT

Infantile hemangioma is a common vascular tumour that, unlike congenital hemangioma, arise after birth at first 8 weeks of life and involute gradually around the age of 5. It often described as an isolated lesion but it can be associated with numerous syndromes like PHACE(S), kassaberich merit syndromes. Hereby we report a case of superficial infantile capillary hemangioma.

#### Key words:

Hemangioma, Infant, Lesion

Copyright © 2018 Nandakumar S et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### INTRODUCTION

Infantile hemangioma considered to be a most common tumour of infancy occurring around 5–10 %<sup>1</sup>. It is a benign vascular neoplasm with endothelial cell proliferation. Infantile hemangioma clinically can be classified into superficial, deep and mixed variants. Other type of hemangiomas which are congenital in nature further classified into RICH (rapidly involuting congenital hemangioma) and NICH (non involuting congenital hemangioma). Both types of congenital hemangioma are fully developed at birth, unlike infantile hemangioma, and either quickly involute (RICH) or remain largely unchanged with time (NICH). Although infantile hemangioma not present at birth it can have minor presentation at birth like a telangiectasia's macule and it follows a pattern of a rapid growth phase followed by a gradual involution phase.

#### Case presentation

A 4-month-old female infant with her parents presented at our institution with chief complaint of a reddish patch in the right side lower lip region since 1 month. The lesion started during the third month of life. Initially it was started as a smaller lesion and within a week rapidly increased to the present size, after that there was no tendency for progression in the size of the lesion. There was no history of any complication during mother pregnancy period. On extraoral examination a raised dark reddish plaque present at the right angle of mouth involving vermillion border of lower lip. Lesion extended into

the oral cavity involving the right lateral labial mucosa of lower lip till the vestibular area. Intraorally lesion appeared erythematous with diffuse borders. On palpation the extraoral lesion was firm to soft in consistency and non-tender without any blanching and bleeding tendency. Intraoral lesion was non palpable and non-tender. Infant was referred to paediatric department to rule out any systemic conditions.

Based on the clinical features it was provisionally diagnosed as infantile hemangioma capillary variant presumably. The parents were counselled about the nature of the lesion and it had to be wait and watch for the regression of the lesion. No interventional treatment was required for this lesion unless a rapid proliferation begins.

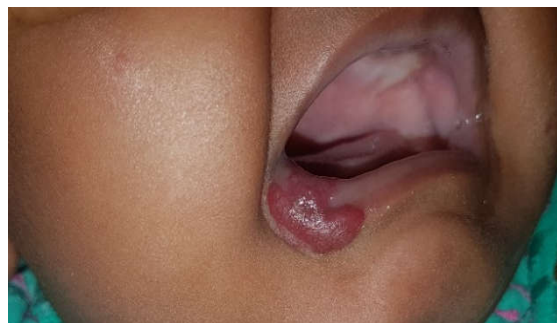


Fig 1 Extraoral photograph depicting a raised reddish to purple plaque involving right angle of mouth and vermillion border of lower lip

\*Corresponding author: Nandakumar S

Department of Pedodontics, Vinayaka Mission Dental College, Pondicherry



**Fig 2** Intraoral photograph depicting a reddish erythematous lesion involving right side labial mucosa of lower lip extending into the vestibular region.

## DISCUSSION

Infantile hemangioma is a common subtype of hemangioma and it cannot be diagnosed prenatally because it develops after birth only. It typically begins to appear a few days to weeks after birth and follows nascent, proliferative, plateau, and involutonal stages.<sup>2</sup> Congenital hemangiomas, unlike infantile hemangioma, are fully developed at birth and can be classified as RICH or NICH.<sup>3</sup>

Clinically infantile hemangiomas often present as a raised bright red plaque like our patient but it can have variable clinical behavior which are associated with syndromes like PHACE.<sup>4</sup> Even though infantile and congenital variants are considered to be separate lesions but some reports suggest that both are on a same spectrum of vascular tumor.<sup>5</sup>

However infantile hemangiomas stand out as a separate entity from congenital hemangiomas and other vascular malformation with strong expression of GLUT-1 immunohistochemical marker in their proliferating endothelial cells. GLUT-1 (glucose transporter-1) expressed in placental trophoblast which led to the hypothesis of infantile hemangiomas can arise from trophoblast.

## References

1. Neville, Damm, Allen and Bouquot; oral and maxillofacial pathology, third edition, Elsevier: 2011;538-542.
2. Chang LC, Haggstrom AN, Drolet BA, *et al*; Hemangioma Investigator Group. Growth characteristics of infantile hemangiomas: implications for management. *Pediatrics*. 2008;122(2):360-367.
3. Berenguer B, Mulliken JB, Enjolras O, *et al*. Rapidly involuting congenital hemangioma: clinical and histopathologic features. *Pediatr Dev Pathol*. 2003;6(6):495-510.
4. Metry DW, Garzon MC, Drolet BA, *et al*. PHACE syndrome: current knowledge, future directions. *Pediatr Dermatol*. 2009;26 (4):381-398
5. Mulliken JB, Enjolras O. Congenital hemangiomas and infantile hemangioma: missing links. *J Am Acad Dermatol*. 2004;50(6):875-882

### How to cite this article:

Nandakumar S *et al* (2018) 'Hemangioma of Infancy a Rare Case Report in Paediatric Patient', *International Journal of Current Medical and Pharmaceutical Research*, 04(6), pp. 3414-3415.

\*\*\*\*\*