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Endovascular embolization of facial Hemangioma followed by surgical excision

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Introduction: Infantile hemangiomas are the commonest soft tissue tumors of infancy, with incidence 4% to 10% in children below the age of 1 year, showing female predominance three to four times higher than male infants. Within the first weeks of life, they enter a phase of rapid growth lasting for 3 to 6 months which may go on for 24 months. A period of stabilization for a few months follows with spontaneous involution usually occurring in several years. However, problematic hemangiomas occur when they ulcerate, have massive growth, cause disfigurement, or affect normal function or cosmetic development. Common locations for problematic hemangiomas include the face, ear, orbit, and airway. These hemangiomas subsequently require early and aggressive treatment for ideal functional and cosmetic outcomes.

Case presentation: 10 months old female, full term, C.S. delivery, -ve consanguinity and -ve family history, presented to us with facial hemangioma at the age of 4 months. Firstly, we started oral propranolol at dose 2mg/kg/day in 3 divided doses for 3 months that was increased to 3mg/kg/day in 3 divided doses for another 3 months with regular monitoring for the heart rate and the blood glucose level, however the response was not adequate and there was rapid proliferation of the hemangioma. At the age of 10 months we did MRI of the brain and both orbits that showed small left intra-orbital extra-coanal extension with no intra-cranial extension and Multislice C.T. angiography of the extra and intra cranial carotid and vertebrobasilar arterial systems that revealed main blood supply from the Ophthalmic branch of the left internal carotid artery. Endovascular embolization was done using tiny plastic particles (200 µm) through the Femoral artery access. 24 hours later we did near total excision of the hemangioma. The residual part of the hemangioma dealt with by 3 cycles of intralesional Triamcinolone acetate injection at the dose of 0.5 mg/kg/injection on 4 weeks intervals. With adequate cosmetic result and reasonable parents satisfaction.

Conclusion: Combined management of such disfiguring, rapidly growing hemangioma is important to avoid functional losses (theoretically in our case it could lead to diplopia, because it was encroaching on the left eye).

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