Journal Homepage:-www.journalijar.com
INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)
Article DOI: 10.21474/IJAR01/18757
DOI URL:http://dx.doi.org/10.21474/IJAR01/18757

RESEARCH ARTICLE

RAPIDLYINVOLUTINGCONGENITALHEMANGIOMASIMULATINGCONGENITAL SARCOMA

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Manuscript Info

Manuscript History
Received: 20 March 2024
Final Accepted: 27 April 2024
Published: May 2024

Key words:-
Hemangioma, Newborn, Vascular, Neoplasms

Abstract

Rapidlyinvolutingcongenitalhemangiomaisararevasculartumorth at generally has a good prognosis.we report the case of a newborn boy witha left temporalvascular lesion. Ulcerationand bleeding are rarely reported in rapidly involuting congenital hemangioma, We describe a case of a newborn boy who presented with rapidly involuting congenitalhemangioma complicated by ulceration and bleeding Suggesting diagnosis of congenital sarcomawhich was ruled out byskin biopsy.

Introduction:-

TheInternationalSocietyfortheStudyofVascularAnomaliesclassifiesvascularanomaliesintotwomain categories: vascular tumors and vascular malformations (1).

Benign vascular tumors known as congenital hemangiomas reach their maximum size at birth and do not undergo accelerated postnatal growth. These tumors can be further classified into three subgroups: rapidly involuting congenital hemangioma (RICH), noninvoluting congenital hemangioma (NICH), and partially involuting congenital hemangioma (PICH) (1).

Ulceration and bleeding are rarely reported in rapidly involuting congenital hemangioma.We describe a newbornboy who presented with RICH complicated by ulceration .

CaseReport:

A full-term newbornboy presented at birth with alarge violaceous tumour surrounded by a pale greyish peripheral halo onthe left temporalarea**(Figure1 A)**. Theevolutionwas marked at theageof01 monthbyarapid increase in volume with a bleeding episode**(Figure 1B)** for which he was referred to our institution for management.

Magnetic resonance imaging revealed a heterogeneous, hypervascularized soft-tissue mass in the left parieto-temporal region, with a hemorrhagic component and foci of necrosis**(Figure 3 A, B)**. Considering the suspicious findings on imaging, a skin biopsy was performed to rule out a malignant process.

Results of cutaneous biopsy eliminated a malignant process and were consistent with a benign vascular tumor with lobular proliferation and large ectatic veins suggesting a diagnosis of CH**(Figure 4)**.

Weoptedfor atherapeuticapproachofabstention, administeringa hemostaticointment withalginatedressingtothe newborn. Close monitoring was implemented to support the parents and provide reassurance.

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Attheageof7months,therewasnearlycompleteresolutionofthelesionleavingaredundantskin**(Figure2)**.

Discussion:-

RICH (Rapidly Involuting Congenital Hemangioma) is a unique type of congenital hemangioma that originates in utero, experiencing rapid growth during pregnancy and exhibiting swift postnatal involution within the infant's first year of life (2).Clinicaly they appears as asolitary raised violaceous tumours with a rounded shape located on the head or near a joint.The diagnosis is clinical and the follow-up confirms it(2).Infantile fibrosarcomas can present with comparable clinical and radiological characteristics. Therefore, if there is any uncertainty, it is advisable to conduct a biopsy to confirm the diagnosis(3). The histological appearance of congenital hemangioma is distinguished by relatively small lobules of capillaries enveloped by fibrous tissue. Endothelial cells in congenital hemangioma display a lack of positivity for GLUT1 immunostaining (4).

Commonly, a wait-and-see approach is advised. Nonetheless, certain complications like heart failure, thrombocytopenia, bleeding, and ulceration have been documented, prompting the use of embolization and other interventions(5). In our case, the patient was closely monitored, and the tumor exhibited swift involution.

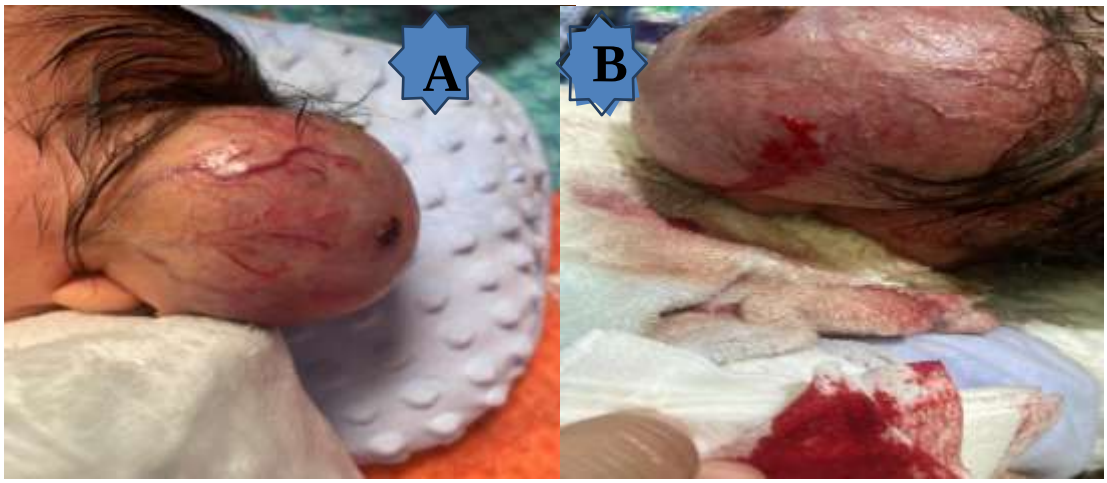
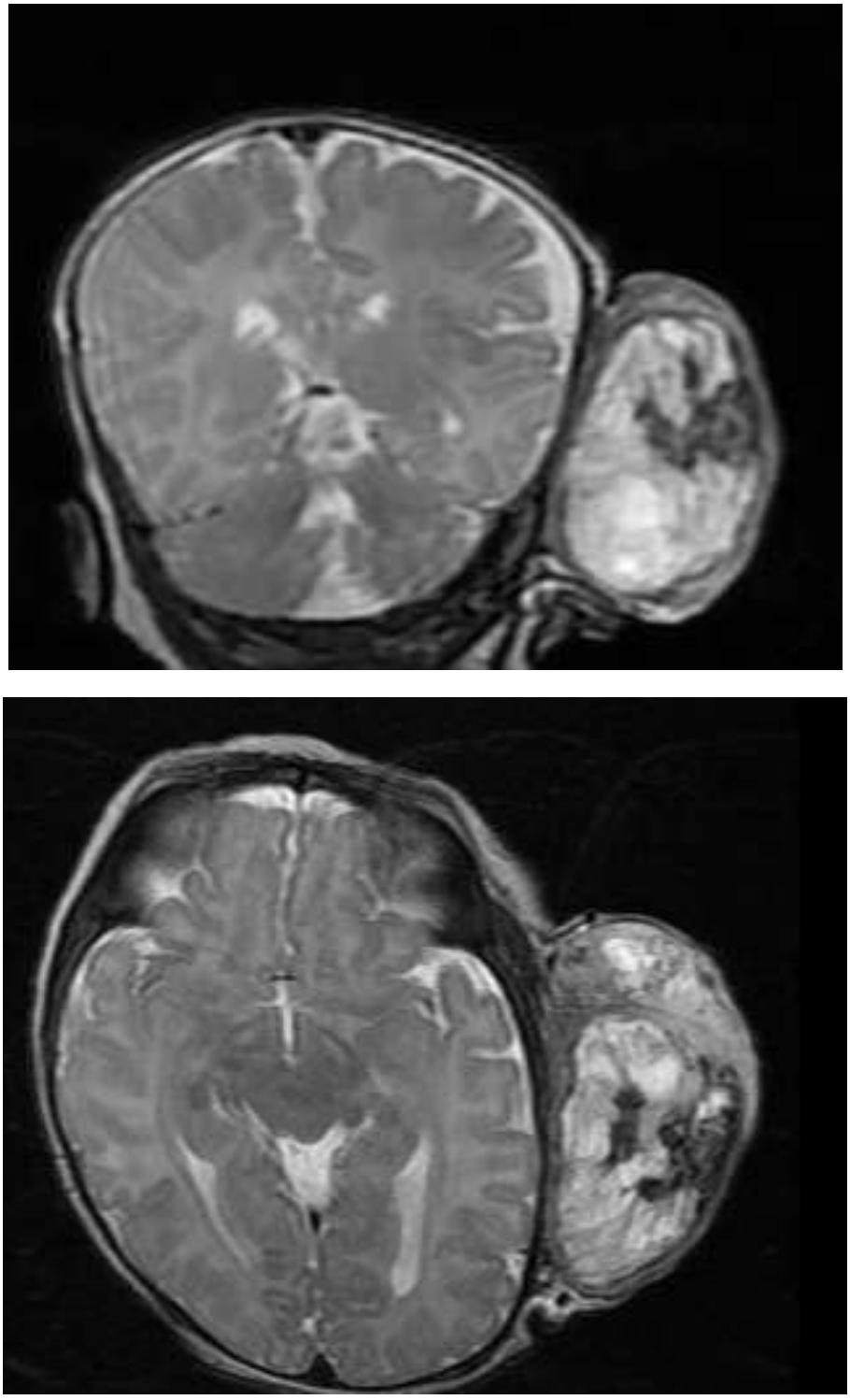


Figure1:- A, Exophytic violaceoustumor withtelangiectasiasandcentralulceration, atbirth. **B,**Evolutionat 1 month age.

Figure2:- At the ageof7months,there wasnearlycompleteresolutionofthelesion leaving aredundantskin.



Fi gure3:-A-tissueprocessinenhancedliquidhypersignal.B-Hemorrhagiccomponent(arrow).

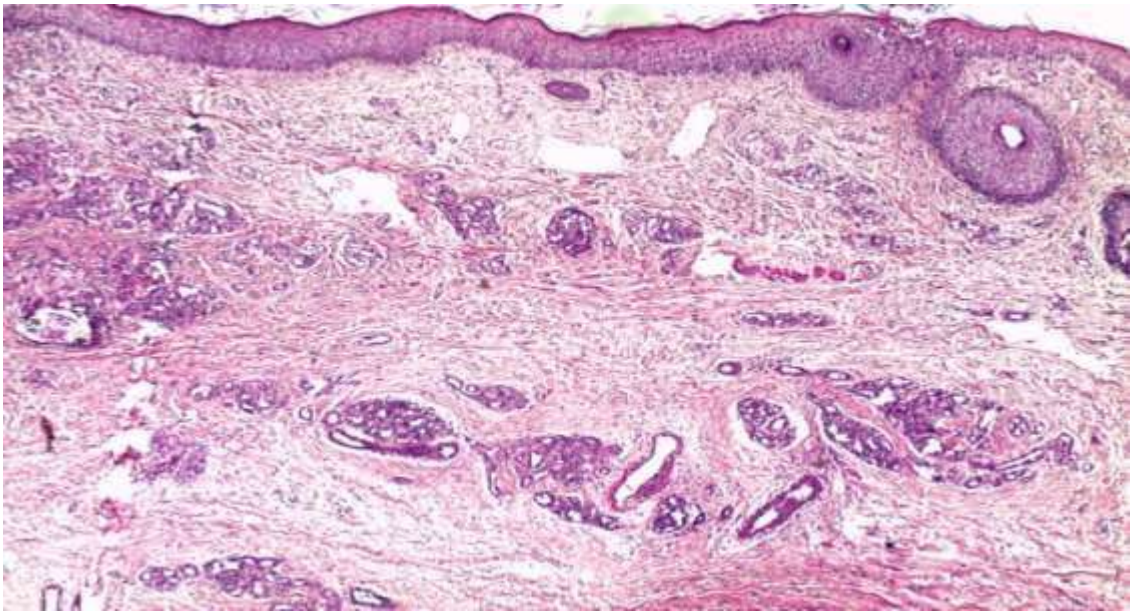


Figure4:-Lobulatedvascular proliferationofthedermis, moreextensive indepth, madeupofjuxtaposed capillary vessels with a few vessels with thicker walls.

Conclusion:-

While it is ararecomplication, neonateswithulceratedcongenitalhemangiomas(CH) face apotentialriskofsevere hemorrhaging. Close clinical monitoring is strongly advised for cases of CH with ulceration, even when the ulceration is small.

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