

Brief Note on Infantile Hemangiomas

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Description

Infantile hemangiomas are frequent type of birthmark, that occurring in about 4 percent of infants. They are made up of collections of immature blood vessels that often grow rapidly, sometimes intensely, during infancy. Hemangiomas differ in size, location and how large they grow. They look like a bright red bump or area on the skin — called a "strawberry" birthmark or they may look like a blue or skin-colored mass if they grow deeper into the skin. Hemangiomas commonly appear in the first few weeks of life, then usually go through a period of rapid growth followed by a more gradual shrinking phase. Hemangiomas are benign. In most of the cases, they don't cause health problems and can be left to shrink on their own. However, a significant minority of patients may require treatment. If needed, treatment should begin instantly. The exact cause of hemangiomas is not known. They are more regular among girls, babies with fair skin and premature babies. Some families may have a propensity towards the condition. Hemangiomas can be superficial, grow only in the top few layers of the skin, or deep, involving more layers of the skin. Superficial hemangiomas are originally bright red and usually elevated above the surface of the skin. Deep hemangiomas are blue or it might look as skin-colored and often feel warm to the touch. Some hemangiomas have both deep and the superficial components. Most of the patients have just single hemangioma, but some have multiple hemangiomas. About 60 percent of hemangiomas are present on the head and neck. About 25

percent occur on the trunk and 15 percent are on the arms or legs. Hemangiomas may gradually increase in size after crying or during colds. Sometimes, a hemangioma can break down and develop a sore. This can lead to pain, bleeding, scarring or infection. Depending on location of hemangioma, it may interfere with your child's vision, breathing etc. Most hemangiomas can be properly diagnosed with a physical exam combined with the child's medical history and the history of the birthmark, without the need for medical tests or biopsy. Deep hemangiomas may be more hard to diagnose, as they can appear similar to other types of vascular lesions and soft tissue tumors. If the diagnosis is unclear, your child may undergo an ultrasound or Magnetic resonance Imaging. Rarely, for diagnosis a skin biopsy is needed. Most infantile hemangiomas do not require treatment, other than monitoring by the child's doctor during routine check-ups. However, for hemangiomas in certain locations particularly on the face, treatment is necessary to prevent further growth. Lasers can be used to treat hemangiomas in a infant's larynx, to heal ulcerated hemangiomas, to decrease any small blood vessels that remain on the surface of hemangiomas after involution, and to decrease texture variations left on the skin. Surgical removal is an option for some of the patients with hemangiomas that have already caused permanent tissue damage, are threatening a vital structure, or causing recurrent bleeding. Surgery always requires general anesthesia. The scarring that results from surgery must always be balanced against the benefits of removing the hemangioma and compared to other treatment options.