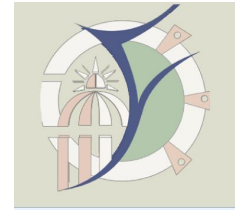




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البحث الاول

Management of Cervicofacial Haemangiomas.

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الملخص الانجليزي:

Background: Haemangiomas are benign tumours of infancy and childhood, characterized by rapid growth of endothelial cells, followed by subsequent slow involution. Haemangioma is the most common tumour of infancy and occurs in 4-10% of white infants. Treatment is essentially expectant awaiting spontaneous involution. However in certain clinical situations early intervention is indicated .

Purpose: This study was undertaken to evaluate the results of various treatment modalities of treatment of cervicofacialhaemangiomas .

Methods: Over a 5-year period, 38 cervicofacialhaemangiomas in 38 infants were treated using steroids (systemic and intralesional), pulsed dye laser, and surgical excision.

Results: The mean age of commencement of treatment was 14.89 months. The main presenting symptom was disfigurement (71.1%) and the chief complications were bleeding and ulceration (31.6%). Twenty patients received intralesional steroids (betamethasone sodium phosphate 2 mg/ml, betamethasone dipropionate 5mg/ml, and triamcinolone acetonide 40 mg/ml) between two to four injections, with volume and dosage injected individualized according to size of the lesion. Eleven patients received systemic steroids (3-4 mg/kg oral prednisone per day for every cycle of 2-3 months, with possible repetition of cycle). Eighteen patients had pulsed dye laser (PDL) sessions in conjunction with another modality of treatment and 16 patients had a form of surgical excision. The mean area of haemangiomas treated was 14.47 ± 3.04 cm². The mean follow-up period was 13.76 months. Overall, 73.68% of cases (28 patients) had complete resolution of the lesion or significant improvement. Best results achieved were for smaller lesions subjected to intralesional steroids, surgical excision, or both. Worst results (moderate or minimal improvement) were encountered with larger lesions, in patients receiving systemic steroids \pm laser therapy. Overall, complete resolution or significant improvement was achievable with smaller lesions (mean area 9.42 cm²) compared to minimal improvement in haemangiomas with a mean area of 28.6 cm² (p = 0.004.)

Conclusion: A number of therapeutic options are available for treatment of haemangiomas and the clinical decision as to which treatment or combination of



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treatments to use is made on an individual basis. Better results are achieved with smaller lesions .

Keywords: Haemangioma, intralesional corticosteroid therapy, pulsed-dye laser .