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Case Report

A Case Report of Infantile Hemangioma of Upper Lip affecting



Breathing and Breastfeeding.

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Abstract:

Infantile hemangioma is a benign tumor of vascular endothelium in children which can be treated by laser therapy, drug therapy, and surgery. In most cases, hemangioma doesn't require any intervention as it fades over time. We present a case of infantile hemangioma of the upper lip which affected the baby's breastfeeding and breathing. The infant was treated initially with oral propranolol for 3 days and then switched to ointment timolol to continue for 9 months. Advised to have a regular visit to OPD (out-patient department) for further monitoring.

Keywords: Infantile hemangioma, beta-blockers, breastfeeding, breathing

Introduction:

Infantile hemangioma is a benign vascular tumor that develops in an organ, beneath the skin, or in the tissue above the skin. They often present as intense red or blue lesions on the skin however, they can also be elevated or flat. Even though they often develop on the skin of the head and neck, they can occur elsewhere on or in the body. Infantile hemangiomas often develop 3 to 6 weeks after birth; they are not visible at birth. In most cases, they grow bigger, stop expanding, and gradually disappear on their own. The most prominent kind of infant vascular tumor is infantile hemangiomas.¹ the most prevalent tumors in infants are infantile hemangiomas, which affect the head and neck in 65% of cases.²

Case Study

A 3-month-old girl baby presented to the pediatrics department with complaints of swelling in the IJHMP 68

region above the upper lip which is reddish, globular in shape, and compressible. When the baby was 15 days old, mother of the baby noticed a small growth inside the left nostril, which gradually increased in size and developed to the upper lip. There was no history of bleeding or ulceration but had difficulty in breastfeeding. On local examination; the swelling was non-tender and soft to firm in consistency. The child was started on Inj. Taxim (Cefotaxim) 150mg 1-1-1 for 5days, Tab. Inderal (Propranolol) 10mg 1/4-0-1/4 for 3days, Oint. Timolol 1-1-1. On high-resolution USG (Ultrasonogram) of the upper lip showed a well-defined circumscribed oval-shaped echogenic solid mass lesion noted in the subcutaneous fat plane of the upper lip measuring 18×12 mm with demonstrable internal hypervascularity - likely hemangioma. Later, adviced to continue Oint. Timolol for 3months and review in OPD for examination.



Figure 1: Infantile hemangioma of upper lip

Discussion

Infantile hemangiomas often afflict Caucasians, girls, twins, preterm infants, and low birth weight

babies. They typically develop on the face, scalp, back, and anterior chest.³ In this case, the baby was a twin girl and hemangioma occurred above the lip region. Beta-blockers such as oral propranolol and topical timolol have been used to treat infantile hemangiomas. Timolol for topical application is less efficient than propranolol taken orally.⁴ Hemangiomas frequently have considerable softening and color improvement after receiving propranolol treatment. It works by preventing the spread of tumors and consequently limiting endothelial cell development.5 In our case study, the patient was on inj. Propranolol for 3 days which significant improvement on showed local examination, then switched to Oint. Timolol which was advised to continue for 9 months. Children using propranolol seemed to be more susceptible to hypoglycemia, bradycardia, and hypotension, which might express clinically as lethargy and poor perfusion.⁵ Close monitoring is required to identify any complications due to drug administration.

Conclusion

In conclusion, infantile hemangiomas usually appear within the first few weeks of life and grow rapidly for the first few months. Most hemangiomas do not require treatment, but some may require intervention if they are interfering with vital functions or causing cosmetic concerns. In this case, hemangioma of the upper lip affected the baby's breathing and breastfeeding.

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Conflict of Interest

The authors declare that there is no conflict of interest.

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