

Bilateral congenital infantile hemangioma of upper eyelids

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Key words: Bilateral, capillary hemangioma, upper eyelid

A newborn female baby presented to us with horizontally oval swelling involving posterior lamella of both upper eyelids and is limited by lid margin. The swelling was bright red, nontender, firm in consistency, nonreducible, blanches on pressure, and fixed to underlying structures with no rise in temperature. The size of the swelling was 2.8 cm × 1.1 cm × 1 cm in the right upper eyelid and 2.8 cm × 1.3 cm × 1 cm in the left upper eyelid. There was total occlusion of the visual axis [Fig. 1]. Magnetic resonance imaging of both orbit shows diffusely bulky and heterogeneous altered signal intensity lesions involving the posterior lamella of upper eyelid on both sides [Fig. 2].

The patient was prescribed oral propranolol 2 mg/kg in two divided doses under the supervision of a pediatrician

and responded well to the treatment within a week of the initiation of the treatment [Fig. 3] and reduce further in size within 12 weeks of the treatment with the clearing of the visual axis [Fig. 4].

Discussion

Infantile hemangioma, a benign tumor of vascular endothelial cells, is the most common type of childhood tumor.^[1] Infantile hemangiomas are more common in premature or low-birth-weight infants.^[2] It usually presents at birth or is evident by 6–8 months of age. The lesion typically manifests within the first few weeks of life, grows rapidly in the 1st year during the proliferative phase then invariably and slowly regresses over the following 4–5 years during the involutinal phase.^[3]

For the management, the long-term use of topical 0.5% timolol maleate solution is safe and effective in treating superficial infantile hemangiomas.^[4] As compared to corticosteroids, oral propranolol also represents an effective therapy for periorbital infantile hemangioma.^[5]

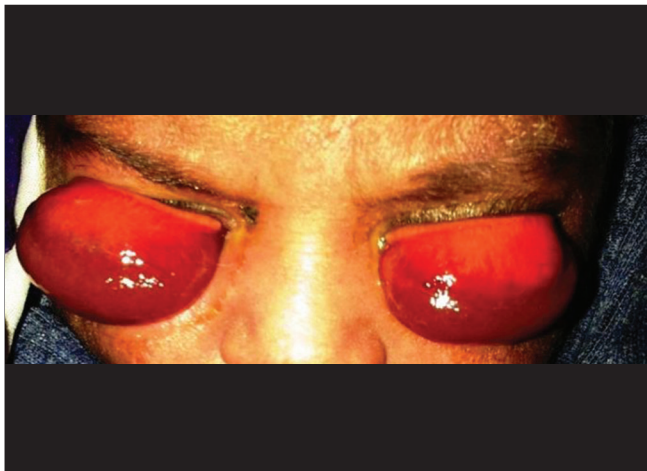


Figure 1: Bilateral infantile hemangioma of upper eyelid



Figure 2: Infantile hemangioma involving posterior lamella of upper eyelid on magnetic resonance imaging scan

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Figure 3: Response of the lesion 1 week postmedication

Bilateral infantile hemangioma of the upper eyelid involving posterior lamella is a new form of presentation of the lesion not reported in the literature earlier.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published



Figure 4: Response of the lesion 12 weeks postmedication

and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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