

Bilateral congenital infantile hemangioma of upper eyelids

Sir,

We read the photo essay titled, "Bilateral congenital infantile hemangioma of upper eyelids" with interest^[1] and would like to report a similar case in one of my patients having a unilateral presentation and managed differently.

As we all know that beta blockers do have the risk of exacerbating reactive airway disease, bradycardia, systemic hypotension, and hypoglycemia in the infant population.^[2] Masking of hypoglycemic symptoms is valid in patients who are premature or not feeding well.^[3] Few suggest monitoring of vital signs and glucose levels while titrating propranolol up to the final treatment dose.^[4] Hence, constant monitoring by a pediatrician is needed when using propranolol because of the fatal side effects.

Zarem and Edgerton first reported the use of systemic corticosteroid in the successful treatment of large capillary hemangioma of seven infants in 1967.^[5]

A 3-day-old male baby presented to our outpatient department with a swelling of his left eye obscuring the total eyeball [Fig 1]. The swelling was arising from the left upper lid and large enough to occlude the whole globe including the visual axis. The swelling was bright red in color with bleeding from the surface of swelling; globe is hard, nontender, and nonreducible with the inability to open the lids.

The baby was prescribed oral prednisone 1 mg/kg in a single dose along with ointment chloramphenicol with hydrocortisone to apply twice locally under the supervision of a pediatrician and responded well within a week. The swelling diminished in size with the clearing of visual axis. Although corneal opacity was observed over the superior cornea of size 3 mm × 2 mm with central clear visual axis may be due to the pressure of hemangioma superiorly. The drug was tapered in next 2 weeks and stopped. There is no rebound after withdrawal of drug [Fig 2]. Hence, oral prednisolone is a safer alternative in infants with poor feeding.

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.



Figure 1: Congenital infantile hemangioma of upper eyelid occluding the whole globe



Figure 2: Response of lesion after 3 weeks of steroid therapy

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References

1. Rizvi SA, Mehmood F, Agrawal A. Bilateral congenital infantile hemangioma of upper eyelids. *Indian J Ophthalmol* 2016;64:315-6.
2. Sans V, de la Roque ED, Berge J, Grenier N, Boralevi F, Mazereeuw-Hautier J, *et al*. Propranolol for severe infantile hemangiomas: Follow-up report. *Pediatrics* 2009;124:e423-31.
3. Bang GM, Setabutr P. Periocular capillary hemangiomas:

Indications and options for treatment. *Middle East Afr J Ophthalmol* 2010;17:121-8.

4. Siegfried EC, Keenan WJ, Al-Jureidini S. More on propranolol for hemangiomas of infancy. *N Engl J Med* 2008;359:2846.
5. Zarem HA, Edgerton MT. Induced resolution of cavernous hemangiomas following prednisolone therapy. *Plast Reconstr Surg* 1967;39:76-83.

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