Hemorrhage masiva a partir de un hemangioma congénito. Una urgencia dermatológica

To the Editor:

Pediatric vascular malformations are categorized into vascular malformations (VM) and vascular tumors (VT).1 The most common type of VT is infantile hemangioma (IH), while congenital hemangiomas (CH) are much rarer.1 Hemorrhage is a very rare complication of the latter.

In a full-term newborn with the right weight, a controlled pregnancy, and normal prenatal ultrasounds, a total of 3 vascular lesions were identified on the right upper limb (outer wrist, back of the forearm, and elbow), rounded, raised, violaceous, with well-demarcated regular borders, and surrounded by a pale halo.

In an initial ultrasound study, they were described as solid, hypoechogenic, and hypervascularized solid tumors with visible blood vessels, regions of venous ectasia, and arteriovenous shunts inside. These characteristics, along with the clinical presentation described, initially suggested a diagnosis of CH,1,2,3.

On the second day of life, the lesion on the elbow started to ulcerate (figure 1) and spontaneously bled. However, it was stopped with local compression measures. Four days later, a new pulsatile and abundant hemorrhage occurred triggering a hemorrhagic shock that required emergency blood volume replacement and inotropic support.

 Afterwards, due to the risk of recurrent bleeding, surgical excision of the lesion and direct closure of the incision were performed. In later follow-ups, the suture showed dehiscence in its distal part, which healed by secondary intention.

Three months later, despite a significant regression of the remaining lesions (figure 2), they were surgically removed due to their ulceration, a history of hemorrhagic shock, and the difficulties reported by the family to access medical care.

CH, as in the presented case, develop completely in the uterus, and distinguish themselves from IH, in that they are not present at birth. This characteristic justifies their differential diagnosis vs other congenital vascular tumors, such as tufted angioma, or kaposiform hemangioendothelioma.1

The definitive diagnosis is based on the clinical characteristics of the lesion, although additional tests such as ultrasonography, magnetic resonance imaging, or histopathological studies may be required as well.1,3

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Table 1  Main features of RICHs associated with a massive hemorrhage according to the medical literature from 1995 through 2018.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Location</th>
<th>Size</th>
<th>Ulcer</th>
<th>Age when the first bleeding occurred</th>
<th>Need for support</th>
<th>Initial treatment</th>
<th>Final control therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female²</td>
<td>Back of the head</td>
<td>6 cm × 6 cm</td>
<td>Yes</td>
<td>5th day of life</td>
<td>Transfusion, anemization, no shock</td>
<td>Non-effective local compression</td>
<td>Local sclerotherapy due to uncontrollable bleeding</td>
</tr>
<tr>
<td>Male²</td>
<td>Left knee</td>
<td>?</td>
<td>Yes</td>
<td>36th day of life</td>
<td>Transfusion, hemorrhagic shock</td>
<td>Not completely effective local compression, systemic corticoid therapy</td>
<td>Excision due to the risk of rebleeding</td>
</tr>
<tr>
<td>Female³</td>
<td>Frontal</td>
<td>6 cm × 7 cm</td>
<td>No, erosion</td>
<td>10th week of life</td>
<td>No</td>
<td>Non-effective local compression</td>
<td>Local tranexamic acid</td>
</tr>
<tr>
<td>Male³</td>
<td>Right knee</td>
<td>14 cm × 10 cm</td>
<td>No, erosion</td>
<td>3rd week of life</td>
<td>No</td>
<td>Non-effective local compression</td>
<td>Local tranexamic acid</td>
</tr>
<tr>
<td>Female⁴</td>
<td>Right knee</td>
<td>5 cm × 5 cm</td>
<td>Yes</td>
<td>2nd week of life</td>
<td>Transfusion</td>
<td>Non-effective local compression, selective embolization</td>
<td>Surgical excision due to recurrent hemorrhages</td>
</tr>
<tr>
<td>Male⁴</td>
<td>Left leg</td>
<td>3 cm × 2.5 cm</td>
<td>Yes</td>
<td>10th day of life</td>
<td>Transfusion</td>
<td>Effective local compression</td>
<td>Surgical excision due to recurrent hemorrhages</td>
</tr>
<tr>
<td>Female⁴</td>
<td>Right temporal</td>
<td>3.5 cm in length</td>
<td>Yes</td>
<td>4th week of life</td>
<td>Transfusion, hemorrhagic shock</td>
<td>Effective local compression</td>
<td>Did not need</td>
</tr>
</tbody>
</table>

Conflicts of interest

None declared.
References


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