



Infantile Haemangioma

■ What and how common are infantile haemangiomas?

- Infantile haemangiomas are collections of small blood vessels.
- They are most often found on the skin, but rarely, it may be found in other organs (eg. liver).
- Although they can occur on any part of the skin, they most commonly occur on the head and neck region.
- They are relatively common and occur in one to two percent of babies. They occur more commonly in baby girls than boys, in premature babies and twins.

■ What do infantile haemangiomas look like and what happens to them as my baby grows?

- They can be “superficial” when they appear reddish, “deep” when they appear bluish, or “mixed” where they appear both bluish and reddish.
- Haemangiomas are usually not obvious at birth but become apparent after a few days or weeks of life.
- They grow rapidly in the first four to five months, and then undergo a ‘rest period’ where the growth slows down or stops.
- After about one year of life, haemangiomas start to shrink and become lighter in colour. Haemangiomas eventually disappear at a rate of approximately ten percent per year.
- After it goes away, the skin may not be entirely normal. Possible residual skin changes occurring over the site of the haemangiomas include visible small blood vessels (telangiectasias), uneven skin texture and colour, and scarring.

What other problems can occur with haemangiomas?

- Haemangiomas around the eye may cause problems with the vision. Those around the mouth may cause feeding problems.
- Large haemangiomas on the jaw line (“beard” distribution) may be associated with involvement of the airways, leading to breathing problems.
- Large haemangiomas on the head and neck region may be associated with brain, eye or heart abnormalities (PHACES syndrome). Large haemangiomas on the groin region may be associated with genital or spinal problems (pelvis syndrome). Your child’s doctor will discuss with you further tests to exclude these problems.
- Some larger haemangiomas, especially those in the groin region may bleed or ulcerate, causing pain, infection and scarring.
- Babies having five or more haemangiomas may have haemangiomas in the liver. They may also have thyroid abnormalities.

Your child’s doctor will discuss with you regarding further tests to exclude some of the above problems.

Do all haemangiomas require treatment?

- Most haemangiomas do not require treatment.
- Factors that may determine if a haemangioma requires treatment include the size, site (eg. eyelids, nose, lips) and potential for complications (eg. ulceration).
- Your child’s doctor will determine if your child’s haemangioma requires treatment.

What options are available for the treatment of haemangiomas?

- Topicals (eg. timolol gel/ drops, steroid creams)
- Injections (eg. intralesional steroids)
- Oral medications (eg. propranolol, oral steroids)
- Lasers (eg. pulsed dye laser)
- Surgery

The doctor will discuss with you the most appropriate form of treatment for your child’s haemangioma(s).

Useful telephone number

Central Appointments

6294-4050



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