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Clinical Pearls

Clinical Pearls help prepare residents for the future by providing them with top tips from experts about what they should know about specific, key subject areas by the time they complete their residency.

Infantile hemangioma

By Latanya T. Benjamin, MD, FAAD, FAAP

Pearl #1. Use the correct nomenclature. It is important to educate patients' families on the correct name of their infant's condition. Parents may incorrectly refer to an infantile hemangioma (IH) as a "strawberry" birthmark. Furthermore, these neonates could also have other common vascular birthmarks present on physical exam such as a nevus simplex over the glabella, eyelids, and/or nape. Informing the patient's family of the correct name for each differing vascular birthmark[1] is crucial to beginning a healthy conversation on management moving forward.

Pearl #2. Debunk myths! There are a variety of reasons that parents become worried about their child before they come to see you. Make sure you stop to address and know what they are. For example, it is not unusual for parents to be concerned that because a hemangioma is located on the scalp, it should not be touched, could infiltrate the brain, or might exsanguinate should any bleeding ensue. Be sure to debunk all myths and provide reassurance.

Pearl #3. Use topical treatment when possible. Since the discovery of oral propranolol[2,3] for the management of infantile hemangioma, pediatric dermatologists have been able to manage thousands of infants safely and effectively. Newer topical formulations also exist, adding to our armamentarium for management. I will frequently recommend treatment with timolol for small, uncomplicated lesions. A short trial is usually sufficient to deem efficacy before moving on to oral therapy if warranted.

Pearl #4. Manage trouble areas properly. Ulcerated hemangiomas occur in up to 10-15% of cases[4]. We know that multiple areas on the body are prone to ulceration, such as the nasal tip, lips, and groin. However, the diaper region is also prone to bacterial contamination and secondary infection. I recommend adding treatment with topical metronidazole to promote faster healing of an ulcer in the perineum. It works!

Pearl #5. Pain management is crucial. Especially for young babies, an ulcerated lesion hurts. Pain management for an ulcerated IH is extremely important. A significant amount of pain can be relieved simply by covering the wound (with petroleum jelly, topical antibiotics, or a non-stick dressing). Make sure to discuss mild analgesics (such as acetaminophen) and other comfort measures with the patient's family.

References:

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4. Paller AS, Mancini AJ. (2006). Vascular Tumors and Tumor Syndromes in Hurwitz *Clinical Pediatric Dermatology*, 3rd edition. Elsevier. DR

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