KK Women's and Children's Hospital
SingHealth

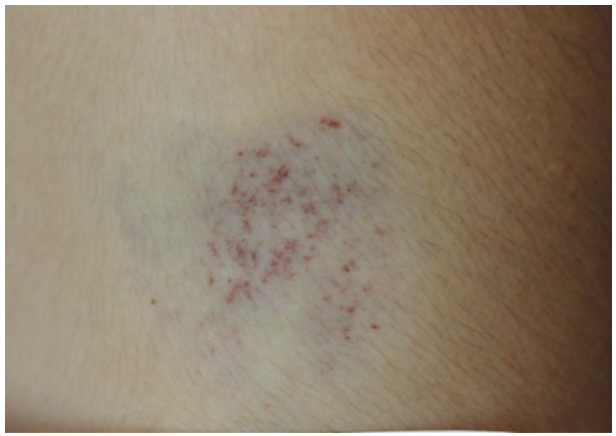
Congenital Haemangiomas

What are congenital haemangiomas?

Haemangiomas are collections of blood vessels. Unlike infantile haemangiomas which grow in the first few months of life, congenital haemangiomas are fully grown at birth.

RICH or rapidly-involuting congenital haemangiomas undergo spontaneous decrease in size and colour over months or years of life.

NICH or non-involuting congenital haemangiomas do not undergo spontaneous resolution over time. They are much less common than RICH.



Congenital haemangioma

What do congenital haemangiomas appear like?

Congenital haemangiomas are round to oval shaped, pink to purplish swellings with overlying small blood vessels (telangiectasias). There may be a rim of pale skin at the outer edge of the lesion.

They can range in size from small 1 to 2cm lesions to large lesions measuring more than 10 to 20cm at birth.

They usually feel soft but sometimes, smaller harder lumps are felt within the lesion.

They feel warmer than the surrounding skin due to increased blood flow.

Congenital haemangiomas may also occur in the liver.

What problems can congenital haemangiomas cause?

Congenital haemangiomas are usually asymptomatic and do not cause any complications.

Occasionally, they can bleed especially at certain sites like the scalp and back. The bleeding can be severe and usually occurs in the first few weeks of life. If this occurs, direct pressure with a gauze or towel may help to stop bleeding. However, if bleeding persists or recurs, bring the child for medical attention.

Large congenital haemangiomas may lead to cosmetic disfigurement and may require treatment.

Large congenital haemangiomas in the liver may lead to heart failure as a lot of blood can be shunted from the heart to the haemangioma. Babies can present with shortness of breath or poor feeding when this occurs.

How are congenital haemangiomas diagnosed?

Congenital haemangiomas are diagnosed with a combination of clinical history, physical examination and tests including ultrasound, magnetic resonance imaging (MRI) and less commonly, tissue biopsies.

Ultrasound is a useful non-invasive, non-painful test to aid in diagnosis of congenital haemangiomas, as well as to assess the suitability for treatment. It can be performed either in the clinic or at the diagnostic imaging center. It involves using a probe placed on the skin over the site of the suspected lesion. Depending on the size, this may take a few minutes to 30 minutes and will require some cooperation from the child.

MRI may also be utilised to aid the diagnosis and assess the extent of congenital haemangiomas. There is no radiation involved. However, the child needs to stay still for about 30 to 60 minutes, rarely longer. General anaesthesia (GA) may be required for infants and younger children who are unable to cooperate. GA is administered by our team of paediatric anaesthetists.

Tissue biopsies are rarely required for the diagnosis of congenital haemangiomas. If required, this involves cutting the skin and removing a small piece of tissue to look under the microscope. This procedure may be done under local anaesthetic if the child is cooperative. Otherwise, it can also be performed under sedation in the ward or under GA in the operating theatre.

How are congenital haemangiomas treated?

Most congenital haemangiomas do not need specific treatment and can be monitored for spontaneous resolution. However, there may be residual scarring or pigmentation seen after resolution.

Congenital haemangiomas that do not fully resolve and cause cosmetic disfigurement may be considered for surgical resection by our team of plastic and paediatric surgeons.

Unlike infantile haemangiomas, congenital haemangiomas do not respond to treatment with beta-blockers such as propranolol.

Useful telephone number

Central Appointments 6294-4050

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