Postnatal follow-up of rapidly involuting congenital hemangioma (RICH) involving the skull

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Sir,

I read with interest the recent case report titled “Prenatal diagnosis and postnatal follow-up of rapidly involuting congenital hemangioma (RICH)” [1]. In that paper the authors report a boy on whom four head CTs were performed by the age of 3 months. Despite a normal physical exam—except the cutaneous hemangioma of the scalp—and despite normal laboratory studies and normal echocardiography, a head CT was performed prior to a brain MRI on this newborn infant. What was the indication and justification for that CT scan? Clinically, this infant had never been in a critical condition and the authors stress that all reported cases of congenital hemangioma involving the skull turned out to be RICH rather than NICH (non-involuting congenital hemangioma) and that the vast majority of RICH cases involute completely. Nevertheless, the boy underwent three further head CTs at the age of 1, 2 and 3 months. The authors summarize that the postnatal imaging provided insight into the involution process of a RICH.

Based on the continuously better-known side effects of ionising radiation [2, 3], especially in infants and children, the question arises: How can the authors justify watching the involution of a lesion like this by the means of CT? Who, if not pediatric radiologists, has to protect our children from unnecessary radiation exposure according to the ALARA (as low as reasonably achievable) concept?

References

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