

Case Study 21

Infantile Hemangioma

SF is a 6-month-old girl who was noted by her parents to have a fullness of her left lower lid that increased when she was crying. This had become more prominent over a few weeks to the point that several relatives had commented on it. The pediatrician was consulted, and he ordered a CT scan that showed some nonspecific fullness of the lid but no distinct mass was seen. The child was referred to an ophthalmologist who performed an ultrasound.

A-scan showed a moderately soft lesion measuring 15.5 mm in anterior-to-posterior dimensions with irregular internal reflectivity (Fig. 1). An obstetrical acoustic Doppler unit with a small probe adapted for the orbit demonstrated rapid arterial blood flow within the more central part of the lesion. These findings were highly consistent with an infantile or capillary hemangioma, and she was referred to a pediatric ophthalmologist for steroid injection into the tumor.

Echography has the highest specificity of all the imaging studies for the diagnosis of infantile hemangioma. The irregular internal reflectivity on

A-scan is a result of the tissue architecture of these lesions with cellular areas (lower reflectivity) interspersed with vascular channels (Fig. 2). They typically demonstrate relatively high arterial blood flow on Doppler studies as opposed to the stagnant venous flow of the cavernous hemangiomas seen in older children and adults. They may be found in the posterior orbit but more commonly present as a “strawberry” lesion visible under the eyelid skin.

The preceding are examples of the value of ophthalmic echography in the clinical setting. The practitioner who invests the time and effort in learning this technique will realize an immediate benefit in daily clinical practice. This book will provide an in-depth view of this important modality.

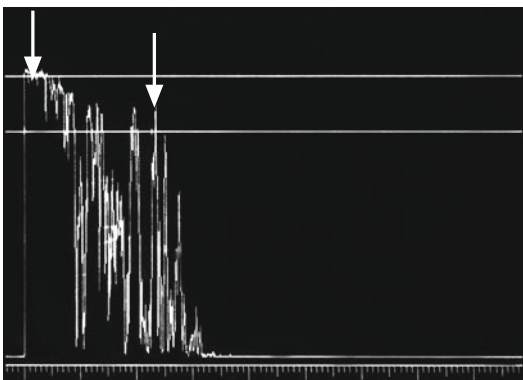


FIG.2I.1 A-scan of infantile hemangioma (vertical arrows)

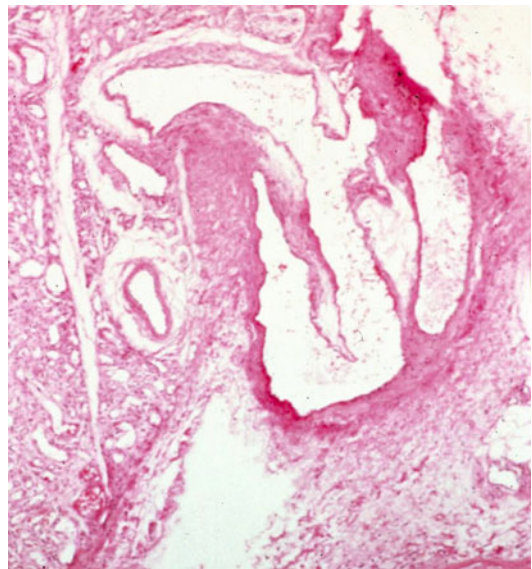


FIG.2I.2 Pathology slide of infantile hemangioma