Background: The management of the giant and moderate size infantile haemangiomas are challenging problems, especially in health systems with limited resources in developing countries. The aim of presenting this case is to take a lesson from another discipline’s decision in managing haemangioma.

Method: The author provide information based on clinical examination and surgical records of the patient with giant haemangioma which was consulted to plastic surgery team. A four month year old boy was consulted by pediatric surgery team with a giant size haemangioma on the right hemithorax.

Results: The treatment option for each haemangioma are different based on the case itself. Especially for this case, it seems better to be treated conservatively due to several reason, such as the phase of haemangioma, the location of the mass, the size, the donor morbidity.

Conclusion: Early surgical excision of a moderate size infantile haemangioma may be justified especially when there is difficulty of follow-up. This approach will prevent growth deformation, impact on nearby vital organs and psychological problems.

Keywords: Giant Haemangioma, Conservative versus surgery

Lesson From Other Discipline’s Decision in Managing Giant Haemangioma Of The Hemithorax : Case Report

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The term haemangioma refers to the common tumor of infancy that exhibits rapid postnatal growth and slow regression during childhood ¹. The more precise designation is infantile haemangioma, so as not to cause confusion with uncommon vascular tumors that arise in late childhood and adulthood that are designated “haemangioma” or hemangioendothelioma.

Infantile haemangioma is the commonest benign tumour in infancy ². Knowledge about the differential diagnosis can enable clinicians to detect haemangiomas that may lead to complications that will necessitate a multidisciplinary approach. While the manage-

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ment of the majority of small haemangiomas consists of simply watching or steroid treatment, giant and moderate size infantile haemangiomas are challenging problems, especially in health systems with limited resources in developing countries.

Although the majority of patients are treated conservatively, there is a need for surgical resection in certain cases depending on the size and site of the lesion and parental preference for a specific intervention. However, patients do respond very well to the wait and see policy and to steroid therapy.

We reported a case of haemangioma that went through surgical with pediatric surgeon as the operator and try to evaluate whether excision was the best therapy or not. Also a lesson we can establish from this case.

Case 1

A four month old boy was presented by his parents as outpatient at pediatric surgery clinic of Ciptomangunkusumo General Hospital, Jakarta Indonesia in November 2010. The parents described a progressive enlargement of a lump on the right hemithorax region of an otherwise healthy infant.

Examination confirmed 15x10x5 cm vascular tumor occupying at the chest on the right side. (see fig.1 and 2) The mass have definite margin, smooth surface, mostly are reddish color but some part mainly at the center, have purplish appearance indicating the first sign of involuting phase. There were occasional ulcerations & bleeding but no associated congenital skin problem.

Investigation

Blood: full blood count and urea &electrolytes, coagulation profile was normal. Computerized Tomography (CT) Scan were reported normal apart from the soft tissue mass on the right side of the chest and suspected as hemangioma.

Management and Outcome

The pediatric surgery team decided to operate the infant and consulted the patient to Plastic Surgery division for defect closure. Formerly we agree to close the defect with Split Thickness Skin Graft (STSG) but afterwards we decide to wait for a possible natural response and the use of steroid and disagree with the excision of the tumor. This was based on the
purplish appearance on the lump that indicate the early sign of involuting phase. Also clinical experience and empirical experiment that a case like this which treated conservatively gave better result than surgery itself.

The final decision from pediatric surgery was in toto tumor excision and close the defect with Full thickness Skin Graft (FTSG) using the skin upon the mass.(see Figure 3 and 4) All of the process was done by pediatric surgery team.

DISCUSSION

In developing countries, a lack of expertise is a key factor in many health issues including the management of complex vascular lesions of the head and neck. The approach to this lesion could be conservative or surgical, depending on certain factors including the age of the patient, and the size and site of the lesion. In order to prevent possible irreversible pressure complications, early diagnosis is important to manage vascular malformations correctly because of their distinct differences in morbidity, prognosis and treatment.

On the other hand, the social factors and associated problems of health settings in developing countries, including difficulties with follow up, the desire of the parents for immediate cure of the problem, and the variable success rates of the different conservative treatment modalities, may lead to a preference towards surgical excision. This may be the best option treatment for some but of course not all cases of Infantile Haemangioma.

Since most of these lesions remain asymptomatic and resolve spontaneously, conservative management is generally the rule. Nevertheless, the treatment options include surgical and non-surgical methods. Corticosteroid treatment, although recognized worldwide as a treatment of problematic haemangiomas cannot always control the growth of alarming haemangiomas. In these cases surgical excision may be indicated.

Furthermore, for patients with severe problems, giant growth, and local complications surgical treatment can be a wise decision. Early surgery can be proposed in order to avoid definitive deformation or growth impairment of adjacent structures. It should be performed before school age and before the occurrence of psychological difficulties.
For a comparison, we provide a table here to described the advantages and dis-

Table 1. Comparison of surgical and non surgical therapy for haemangioma

<table>
<thead>
<tr>
<th></th>
<th>Surgical</th>
<th>Non surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing of therapy</td>
<td>Sooner</td>
<td>Later</td>
</tr>
<tr>
<td>Size</td>
<td>Immediately</td>
<td>Takes time to resolve</td>
</tr>
<tr>
<td>Location (near the joints)</td>
<td>cause</td>
<td>None</td>
</tr>
<tr>
<td>Graft Donor</td>
<td>+++</td>
<td>none</td>
</tr>
<tr>
<td>Morbidity</td>
<td>+++</td>
<td>minimal</td>
</tr>
<tr>
<td>Scar</td>
<td>+++</td>
<td>None</td>
</tr>
<tr>
<td>Contracture</td>
<td>+++</td>
<td>None</td>
</tr>
<tr>
<td>Phycological effect</td>
<td>Better</td>
<td>Worse</td>
</tr>
<tr>
<td>Hospital Cost</td>
<td>+++</td>
<td>+</td>
</tr>
</tbody>
</table>

advantages of surgical vs non surgical therapy for haemangioma.

In our patient, we’re trying to give an example a patient with haemangioma thats treated by surgical. The special about this case is that it’s a truly pediatric surgeon patient’s from treatment before surgery, the surgery itself and post operative care. All are done by them. Formerly they want us to close the defect but we refuse for reason that the lump have shown signs of involuting phase and the location of the mass itself close to the joint, so the possibility of contracture is higher. Yet they continue the operation, from the beginning to the end without plastic surgery involvement. It shows that coordination between two departments haven’t been established well enough. Each department still have their own ego and cannot fully trust other’s decision. The pediatric surgeon insist on doing the excision and close the defect with FTSG from the skin of mass itself. Even if they insist on doing the excision, It will be wiser if the plastic surgeon do the graft so the final result will be satisfying.

A week after the operation, the graft was lysis. The patient then treated with antiseptic solution (Hemoloc) twice a day. The patient went home after a month been hospitalized. Four months after the operation, the parents are satisfy with the surgery although it left a very visible scar but the most important thing for the parents is the lump have been fully excised.

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