

## FETAL HEMANGIOMA.

**Case report.** L. A. was visited in the Neonatal Unit due to a large mass of about 10cm affecting all the right cheek (Fig. 1). The latter has been already shown by ultrasonography at 36th gestational week. The tumor was red-bluish. At its periphery dilated blood vessels were visible. A crusted, blackish, 4x1cm lesion was located in the middle of the mass, slightly displaced in its posterior part. The mass was soft-elastic and got darker and more tense when the baby cried.

These clinical features led to diagnose congenital, fetal hemangioma.

Hoping in a rapid regression of the tumor, a conservative treatment was decided and an elastic net was applied in order to prevent its gravitational growing. In the following months the hemangioma did not grow anymore and rapidly regressed. When the child was aged 1 year, only an atrophic scar persisted (Fig. 2).



Fig. 1

**Clinical features.** Fetal hemangioma completely matures "in utero". This is why it can be shown by ultrasonography in the second trimester of pregnancy. Fetal hemangioma mainly affects the face and lower limbs. At birth it appears as a purplish, up to 15 cm in size tumor with ectatic vessels, sometimes with a central crust or ulceration.

**Pathological findings.** Lobules of endothelial cells with some mitoses and large, thin-walled vessels stay within a densely fibrotic stroma. The latter contains deposits of hemosiderin and focal thrombosis and sclerosis. Unlike common hemangioma, its cells do not react with GLUT-1 and LeY antigens.

**Prognosis.** Characteristically, fetal hemangioma is already fully developed at birth. It does not grow anymore and rapidly regresses within 6-18 months with atrophic scars.



Fig. 2

### References

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