



PAEDIATRIC DERMATOLOGY

INFANTILE HEMANGIOMA IN ALGERIA: A PROSPECTIVE STUDY

salhi Aicha ⁽¹⁾ - SLAOUTI Yamina ⁽²⁾ - BELATECHE SABRINA ⁽²⁾ - BOUREGAA SAMIA ⁽²⁾ - HIMEUR ZOULIKHA ⁽²⁾ - BOUDGHEN STAMBOULI ⁽²⁾ - SERRADJ AMINA ⁽²⁾ - ATTOU Mustapha ⁽²⁾ - Otsman Farida ⁽²⁾ - Bouharati Dalila ⁽²⁾ - Djeridane Assya ⁽²⁾ - Chehad Samuel ⁽²⁾ - Tounsi Toufik ⁽²⁾ - Titi Mohamed ⁽²⁾

university of Algiers, CITE DE LORANGERAIE, ALGIERS, Algeria ⁽¹⁾ - university of Algiers, Dermatology, ALGIERS, Algeria ⁽²⁾

Introduction: Infantile hemangioma (IH) is the most frequent benign vascular tumor in infants. It concerns 5 to 10% infants during the first year of their lives. IH grows during the first 5 to 8 months and regress in 5 to 10 years slowly and spontaneously. Several epidemiologic studies confirmed that hypoxic stress is at the origin of IH. Risk factors for hypoxic stress known as: preterm birth, low birth weight, birth by caesarean, hypertension during pregnancy and products of multiple gestations have all been linked to the development of IH. Complications may include disfigurement, airway compromise, and congestive heart failure. Propranolol is first-line treatment for complicated IHs. We report the result of a prospective study to describe epidemiologic and clinical characteristics of IHs, treated with propranolol in Algeria.

Methods: This study included all the infants with IH consecutively seen from April 2013 through April 2014 in all the dermatologic departments at the national level. Medical records of patients were reviewed: sex, date of birth, age at first consultation, diseases during pregnancy, age of onset, locations, number, type, ulceration, associated malformations, and treatment.

Results and analysis: Over a period of 1 year we collected 558 infants with IH, sex ratio was 0.336 and 24.7% of births were in winter. The first-born siblings represented 42.7% of patients. Parental consanguinity was found in 16.53%. The proportion of pregnancies with premature delivery was 13.26%, but the usual prevalence is 7.4% (CHU Tlemcen series). Caesareans accounted for 29.7% and the usual prevalence is 8-15%. The percentage of low birth weight (<2.5kg) was 13.7%. Resuscitation at birth was necessary for 20.2% of newborns and the first cause was respiratory distress syndrome. Children with multiple IH accounted for 16.6% of cases. The distribution by IH type was (tuberous 61.93%, mixed 24.11%, subcutaneous 12.06%). Segmental IH accounted for 6.6% of cases. Ulceration was the first complication and involved 21.57% of IHs. The first topography was cephalic in 51.9% of cases. The parietal came first in cephalic topographies. We collected 8 cases with





hepatic IH and 3 cases with laryngeal HI. Among these, a child had hypothyroidism related to hepatic IH production of a thyroid hormone-destroying enzyme. In addition to betablocker therapy, it required the combination of hormone replacement therapy. In our series, 96% of children were treated: 91% received topically beta-blockers eye drops and 57% oral betablockers at a rate of 3 mg/kg/day. The age of treatment was between 1 and 9 months for 71% patients. The topography of IH treated was periorbital in 41% cases.

Conclusion: In Algeria, IH concerns an infant most often female with a greater risk of premature birth, multiple pregnancy. With more endangered pregnancies, more caesareans, more resuscitation at birth and more heart defects. Betablocker therapy has been recommended especially in the case of periorbital topography. The treatment was effective and well tolerated.

