HAEMANGIOMAS AND VASCULAR MALFORMATIONS

MANAGEMENT OF CUTANEOUS INFANTILE HAEMANGIOMAS ASSOCIATED WITH INTRACRANIAL AND INTRASPINAL INVOLVEMENT: A EUROPEAN MULTI CENTER EXPERIENCE

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Background: Infantile haemangiomas (IHs) are the most common tumor in infancy. IHs are usually cutaneous, extracutaneous localizations have been reported most frequently in larynx, liver, and parotid. The IHs involving the central nervous system (CNS) are extremely rare or underestimated. Several therapeutic options are proposed for CNS IHs. Only few cases treated with propranolol have been reported.

Observation: A European multicenter observational study has been conducted during 2018. Seven cases with intracranial or intraspinal IHs have been selected from four referral centers for vascular anomalies. All patients were screened for PHACES or LUMBAR/SACRAL syndromes upon the site of the IH, thus, cranial and/or spinal MRI has been performed. Treatment was indicated in all cases for the characteristics of the cutaneous IHs. Moreover, all patients had intracranial or intraspinal IHs as an incidental finding, without neurological symptoms. Contraindication to oral propranolol was investigated, and treatment at 2-3mg/Kg/day in 2-3 divided doses was started. A monthly clinical follow up and a brain/spinal MRI after 6-8 months were performed. Propranolol was administered for 12-18 months, without side effects. The therapy was interrupted after almost complete resolution of cutaneous and intra-CNS component documented clinically and by MRI respectively.

Key message: Propranolol, defined as the first line therapy for IHs, showed optimal results in terms of efficacy, safety and tolerability. Our experience shows that propranolol at the dose of 2-3 mg/kg/day for 12-18 months is also effective and well tolerated for treatment of high-risk IHs of CNS.