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Letter to the Editor

Congenital Progressive Mutilating Hemangioma

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Abstract

A 73-year-old male patient was admitted with symptoms of decompensated cardiac and pulmonary insufficiency with long-lasting history. A tumor-like formation was observed within the clinical examination, covering the whole skin of the nose, paranasal region of the left part of the face, as well as the upper and lower left eyelids. The lesion was with yellow to brownish surface and dark-reddish to violet discolored peripheral area, composed of nodular formations, smooth central surface and firm texture on palpation. The histopathological examination verified the diagnosis of hemangioma, which had been congenital, regarding the patient's history, treated surgically about 50 years ago, with signs of recurrence. The presented patient had been treated surgically at the age of 20, without medical evidence of the type of the performed excision. The recurrence occurs almost 50 years later, at the age of 78. To the best of our knowledge, this is the first reported recurrence of infantile hemangioma, treated surgically almost 50 years ago.

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Surgical excision is nowadays not recommended as a first-line therapy in infantile hemangiomas, because of the well-established tendency of spontaneous regression in one hand, the risk of recurrences, and the proven effectiveness of numerous other non-surgical regiments in other [1].

Although systemic corticosteroids have been the first line of treatment for many years, it has been recently established that, non-selective beta-blockers, such as oral propranalol and topical timolol, are more promising and safer therapeutic approaches. Furthermore, interferon α and vincristine are suitable for life-threatening haemangiomas that are unresponsive to conventional therapy [2]. The recurrence rate of surgically treated infantile hemangiomas accounts approximately 22%, as it

depends on the patients' age at the time of the surgery and the type of the performed resection (intralesional, marginal, wide and radical resection) [1].

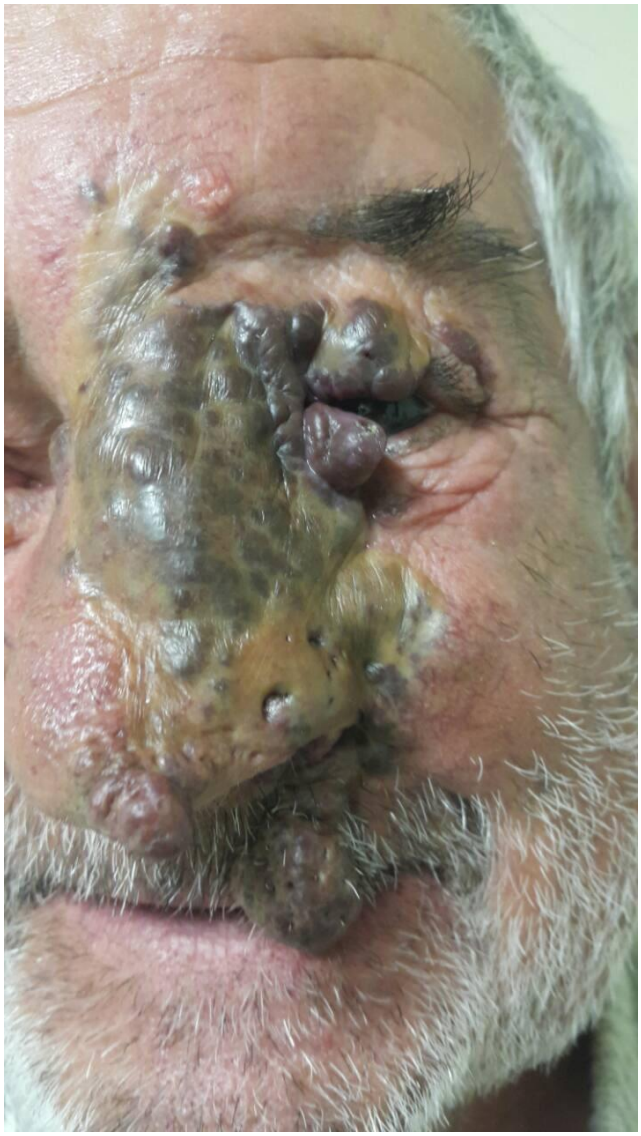

Figure 1: Clinical manifestation of tumor-like lesion, located predominantly on the left nasal and paranasal region, composed of nodular formations, smooth central surface and firm texture on palpation

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