Infantile intraspinal and extensive cutaneous hemangiomas

Excellent response to propranolol

Figure 1 Multiple cutaneous hemangiomas on head, face, neck, back, and leg

Figure 2 Cervical and thoracic spine MRI showing hemangioma

(A) T2-weighted prior to steroid treatment; (B) slight reduction in size after steroid treatment; and (C) marked reduction of the hemangioma 8 weeks after starting propranolol.

A 6-week-old girl presented with multiple cutaneous hemangiomas (figure 1). She had brisk lower extremity reflexes without other deficits. Imaging revealed extensive hemangiomas in liver and extrapleural and oropharyngeal areas. Spine MRI showed a C5-T9 intraspinal-extradural hemangioma producing cord compression (figure 2A). There was minimal response of the hemangiomas to steroids but improvement with propranolol (figure 2, B and C). Intraspinal hemangioma is rarely associated with extensive cutaneous hemangiomas.¹

Corticosteroids are first-line treatment for extensive infantile hemangiomas. Propranolol's mechanism of vessel regression involves vasoconstriction, apoptosis of capillary endothelial cells, and decreased expression of vascular-endothelial and basic-fibroblast growth-factor genes.²

Partha S. Ghosh, MD, Debabrata Ghosh, MD, Cleveland, OH

Disclosure: The authors report no disclosures.

Address correspondence and reprint requests to Dr. Partha S. Ghosh, Pediatric Neurology Center, 9500 Euclid Avenue, Desk S-60, Cleveland, OH 44195; ghoshp3@ccf.org

1. Hernández-Martín A, Torrelo A. Cutaneous and paravertebral infantile hemangioma: report of two cases. *Pediatr Dermatol* 2008;25:193–195.
2. Léauté-Labrèze C, Dumas de la Roque E, Hubiche T, Boralevi F, Thambo JB, Taïeb A. Propranolol for severe hemangiomas of infancy. *N Engl J Med* 2008;358:2649–2651.

Neurology[®]

Infantile intraspinal and extensive cutaneous hemangiomas: Excellent response to propranolol

Partha S. Ghosh and Debabrata Ghosh

Neurology 2011;76;1771

DOI 10.1212/WNL.0b013e31821a4514

This information is current as of May 16, 2011

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright Copyright © 2011 by AAN Enterprises, Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

Updated Information & Services	including high resolution figures, can be found at: http://n.neurology.org/content/76/20/1771.full
References	This article cites 2 articles, 0 of which you can access for free at: http://n.neurology.org/content/76/20/1771.full#ref-list-1
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): All Neuro-ophthalmology http://n.neurology.org/cgi/collection/all_neuroophthalmology All Pediatric http://n.neurology.org/cgi/collection/all_pediatric All Spinal Cord http://n.neurology.org/cgi/collection/all_spinal_cord Clinical neurology examination http://n.neurology.org/cgi/collection/clinical_neurology_examination Eyelids http://n.neurology.org/cgi/collection/eyelids Hematologic http://n.neurology.org/cgi/collection/hematologic MRI http://n.neurology.org/cgi/collection/mri Pupils http://n.neurology.org/cgi/collection/pupils
Permissions & Licensing	Information about reproducing this article in parts (figures,tables) or in its entirety can be found online at: http://www.neurology.org/about/about_the_journal#permissions
Reprints	Information about ordering reprints can be found online: http://n.neurology.org/subscribers/advertise

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright Copyright © 2011 by AAN Enterprises, Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.