In a preterm infant (28 weeks), postnatal cranial ultrasound showed unilateral cerebellar hypoplasia. On day 5, a facial erythematous lesion developed, progressing to a segmental hemangioma during the next 2 weeks (figure 1, A and B). PHACE syndrome (posterior fossa anomalies, most commonly located in the mid brain or hindbrain, such as the Dandy-Walker complex and focal dysplasia and/or hypoplasia of the cerebellum, hemangioma, arterial lesions, cardiac abnormalities or coarctation of the aorta, eye or endocrine abnormalities)\(^1\) was suspected. MRI confirmed cerebellar hypoplasia and intracranial hemangioma (figure 2). Magnetic resonance angiography and echocardiogram were normal. Because of obstruction of the visual axis, low-dose atenolol was started (0.5–1.0 mg/kg/d), and continued for 2 years.

Regression of the hemangioma started within the first week of treatment (figure 1, C and D). MRI at 1.5 years showed complete resolution of intracranial hemangioma. Neurodevelopment and ophthalmologic outcome at 2 years were normal. The child developed bilateral conductive hearing loss.
Study funding

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Disclosures

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

Appendix

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<tr>
<th>Name</th>
<th>Location</th>
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</tr>
</thead>
<tbody>
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Reference


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