A perineal infantile haemangioma presenting as early ulcerations

A 20-day-old, otherwise healthy female presented with a 2-week history of small perianal ulcers.

These lesions appeared on the fourth day of life as some discrete ulcers overlying an area of macular erythema on the right buttock. The ulcers enlarged slowly, despite two courses of topical antibiotics for impetigo. She was the product of a full-term pregnancy. Birth weight was 3870 g.

Physical examination showed multiple perianal ulcerations coalescing within a larger vascular patch (Figure 1). Ulcer swabs were negative for bacterial, fungal and viral infections.

A clinical diagnosis of ulcerated infantile haemangioma (IH) was made. Three drops of timolol 0.5% ophthalmic solution were applied twice daily for 2 weeks under a hydrocolloid dressing, until the ulcers healed, leaving a whitish scar with a peripheral angiomatous border. Timolol was continued without occlusion for another 5 months, until complete IH involution.

Ulceration is the most frequent complication of IH, usually at 4–6 months of life. In rare cases it is the initial presentation of IH at birth or in the first days of life, and the perianal area and lips are the most frequently involved sites. The differential diagnosis of neonatal ulcers in the diaper area includes mainly bacterial or herpetic ulcerations.1

The underlying vascular patch is the clinical clue and must be differentiated from ulcerations with surrounding hyperaemia or telangiectasia, which may be difficult. If the diagnosis is unclear, lesion biopsy is useful.2

Congenital or neonatal ulcerated IH is a subtype of IH that begins as an ulceration within a vascular patch and rapidly regresses after a transient minimal growth limited to the ulceration border. Topical non-selective β-blockers like timolol 0.5% eye drops can be very helpful in accelerating IH involution.3

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