Scholars Journal of Medical Case Reports **ISSN 2347-6559 (Online)**
Sch J Med Case Rep 2016; 4(1):30-31 **ISSN 2347-9507 (Print)**

(An International Publisher for Academic and Scientific Resources)

Infantile hemangioma mimicking a lachrymal sac swelling

Théra JP[1], Hughes D[2], Tinley C[2], Bamani S[3], Traoré L[3], Traoré J[3]
[1]Pediatric Ophthalmologist and Forensic Medicine Doctor, Faculty of Medicine / Institute of African Tropical Ophthalmology, Bamako (Mali)
[2]Pediatric Ophthalmologist, Consultant CCBRT Hospital, Dar Es Salam (Tanzania)
[3]Professor, Department of Ophthalmology, Faculty of Medicine / Institute of African Tropical Ophthalmology, Bamako (Mali)

***Corresponding author**
Dr Japhet Pobanou Thera
Email: therajaphet@yahoo.fr

Abstract: Infantile hemangiomas are vascular tumors commonly found in the neck and head regions. The periocular localization is uncommon. The case presented here was located in the lachrymal sac area.
Keywords: Infantile hemangioma, mimicking, lachrymal sac swelling

INTRODUCTION

Infantile hemangiomas (IH) are the commonest tumors of the head and neck in childhood. Their significance is dependent on location, size, age of lesion and cosmetic implications [1]. IH can occur anywhere on the skin, but are most commonly found in the head and neck region. Rarely, periocular IH are noted at birth, and nearly all are identified by six months of age. Their clinical appearance can vary greatly in location, size, depth, and rate of growth. Lesions are categorized into three main subtypes based on depth of involvement. Superficial lesions appear as bright red papules or nodules that may be flat or have a bumpy appearance [2]. Most superficial lesions can be identified clinically. The clinical course, bright color and blanching with pressure usually make the diagnosis obvious [3].

CASE REPORT

A 5-month-old female child brought by her mother for a reddish swelling in the right medial can thus since birth. The prenatal and postnatal history was uneventful. On external examination, we noticed a bluish colored swelling between the right medial can thus and the nose. The upper and lower punctual were visible and no tearing or discharge was present. On palpation, the swelling was soft with no reflux via the puncta. We put the child under routine follow up.

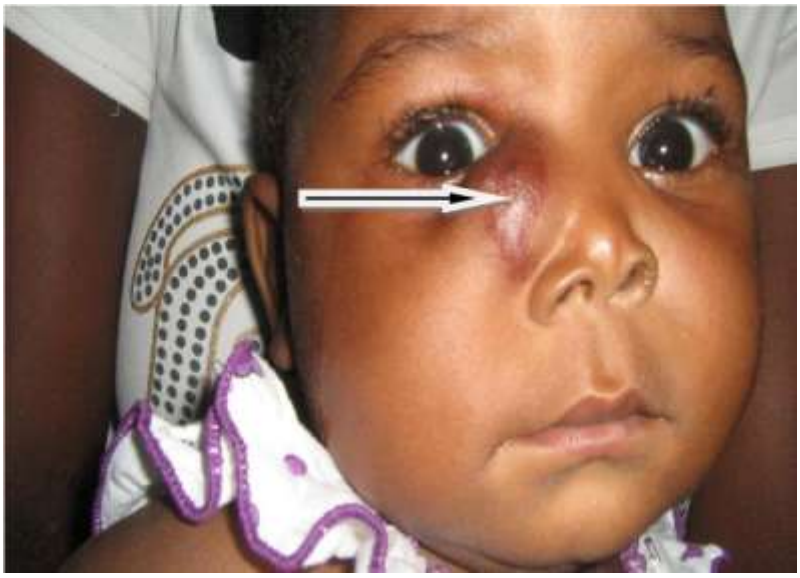

Fig.1: photograph of the child showing the hemangioma (arrow)

DISCUSSION

Infantile hemangioma is rarely located in the periocular region. The case presented here looks like a lachrymal sac swelling. Congenital lachrymal sac swelling may be among others, naso-lacrimal duct cyst or dacryocystocele. Infantile hemangioma (IH) affects 4–10% of infants with a predilection for female, Caucasian, low birth weight, and premature. Infantile hemangioma (IH), the most common tumor of infancy, is characterized by an initial proliferation during infancy followed by spontaneous involution over the next 5–10 years, [4, 5]. Congenital dacryocystocele is an uncommon consequence of congenital naso-lacrimal duct obstruction. It is believed to occur as a result of concomitant upper obstruction of the Rosenmuller valve and lower obstruction of the Hasner valve. This causes accumulation of fluid in the drainage system, the sac is initially filled with mucoid material and presents as grey-blue cystic swelling just below the medial can thus [6]. A congenital dacryocystocele presents during the first few weeks of life as a benign, bluish-gray mass in the infer medial can thus. There may be associated bulging of mucosa at the lower end of the naso-lacrimal duct (NLD) into the nasal cavity, resulting in epiphora and possibly respiratory dysfunction of a newborn, when the cyst significantly compromises the airway [7]. In the current case, the NLD showed no abnormality. No lacrimation, no swelling or discharge was noticeable. The diagnosis was above any doubt infantile hemangioma.

CONCLUSION

Infantile hemangioma located in the lachrymal sac area can be misdiagnosed as a lachrymal sac swelling. A thorough exam is necessary to differentiate them.

REFERENCES

1. Alison B. Callahan, Michael KY; Infantile hemangiomas: A review. Saudi Journal of Ophthalmology, 2012; 26: 283–291.
2. Léauté-Labrèze C, Taïeb A; Efficacy of beta-blockers in infantile capillary haemangiomas: the physiopathological significance and therapeutic consequences. Ann Dermatol Venereol, 2008:135(12):860–862.
3. Zhang L, Lin X, Wang W, Zhuang X, Dong J, Qi Z, *et al.;* circulating level of vascular endothelial growth factor in differentiating hemangioma from vascular malformation patients. Plast Reconstr Surg, 2005; 116(1): 200–204.
4. Chiller KG, Passaro D, Frieden IJ; Hemangiomas of infancy: clinical characteristics, morphologic subtypes, and their relationship to race, ethnicity, and sex. Arch Dermatol, 2002, 138:1567–1576.
5. Amir J, Metzker A, Krikler R, Reisner S; Strawberry hemangioma in preterm infants. Pediatr Dermatol, 1986; 3:331–332.
6. Shashy RG, Durairaj V, Holmes JM, Hohberger GG, Thompson DM, Kasperbauer JL; Congenital dacryocystocele associated with intranasal cysts: diagnosis and management. Laryngoscope, 2003; 113:37-40.
7. Wang JC, Cunningham MJ; Congenital dacryocystocele: Is there a familial predisposition? International Journal of Pediatric Otorhinolaryngology, 2011; 75 (3): 430-432.