Journal of Pakistan Association of Dermatologists. 2022;**32(1)**:218-219.
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Short Communication

Ulcerated infantile scrotal hemangioma - A rare entity

Dear Editor in chief,

We present a case of a newborn with infantile scrotal hemangioma.

Infantile hemangiomas are benign vascular anomalies characterized by early proliferation, especially from birth to 6 months, and spontaneous slow involution. Complete involution in 50% of cases occurs by the fifth year of life, 70% by the seventh year of life, and even 90% by the ninth year of life. Most infantile hemangiomas are medically insignificant, but some can affect vital structures, ulcerate, and bleed.[1]

One of the most common complications of infantile hemangiomas is ulceration, which occurs in approximately 16% of patients 2-3 months after birth, but sometimes in the neonatal period, as in our case. The cause is considered to be an excessive blood supply to the overlying skin or the action of certain cytokines, but the exact cause of ulceration has not been fully elucidated to date. Risk factors associated with ulceration include low birth weight, preterm infants, and female gender. Ulcers usually occur in tense, rapidly proliferating hemangiomas, most commonly in the anogenital region, lips, and chest. Ulcers are painful and result in scarring after healing. Cellulitis, abscess and bacteremia may occur with ulceration.[2]

Treatment of ulcerated hemangiomas usually involves topical anesthetics for associated pain, bio-occlusive dressings (especially hydrocolloid dressings), pulsed-dye laser (PDL), topical timolol, oral propranolol, becaplermin gel and occasionally, topical or oral antibiotics.[3-5]

In our case **(Figure 1)**, we decided to treat the newborn topically with timolol (three drops of 0.5% ophthalmic drops twice a day), while we will apply a hydrocolloid dressing to the site of ulceration.

In the case of Patoulias et al., they opted for surgical excision. After sutures were placed that represented the skin boundaries of the lesion, feeding vessels were identified and ligated. A significant scrotal defect remaining after hemangioma excision was restored by repositioning the ventricular portion of the scrotum dorsally.[6] Following an initially unrecognized entity, in the case of Ward et al., pulse dye laser therapy was performed. After the initial treatment, the nervousness in the infants decreased immediately. The ulcer diminished rapidly over the next 2 weeks. Over the next 8 weeks, four additional pulsed dye laser treatments resulted in complete resolution of the scrotal lesion. The child tolerated all procedures well with 2.5% prilocaine-2.5% lidocaine cream half an hour before treatment. Between treatments, mupirocin ointment and hydrocolloid dressings were applied.[7] Casale et al. approached conservative monitoring in full. During the first year, the hemangioma was sporadic with relatively slow growth. During one such period of growth, scrotal ulceration and mild intermittent bleeding for 10 days occurred. At that time, only antibiotic ointment was applied. By the age of 3 years, the lesion had almost completely receded.[8]

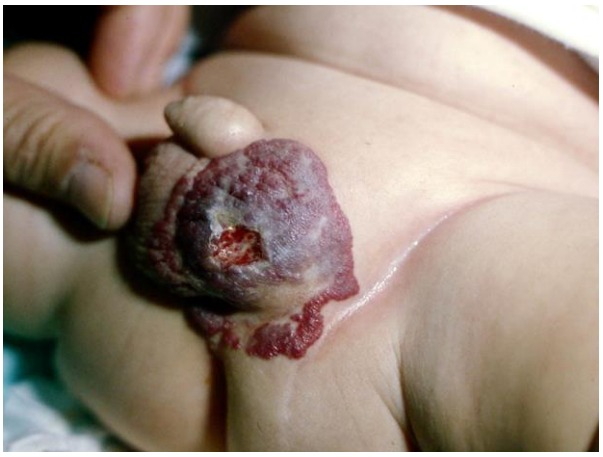

Figure 1 Male newborn with ulcerated infantile scrotal hemangioma.

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Marko Bašković1, Božidar Župančić1
Department of Pediatric Surgery,
Children's Hospital Zagreb
Klaićeva 16, Zagreb 10000, Croatia.

Address for correspondence
Dr. Marko Bašković, MD
Department of Pediatric Surgery,
Children's Hospital Zagreb
Klaićeva 16, Zagreb 10000, Croatia.
Ph: +385 1 3636 379
Email: baskovic.marko@gmail.com