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Let us answer some questions you may have

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Warrnambool Plastic & Reconstructive Surgery

Haemangioma or Vascular Malformation: which is it?

Haemangioma's and vascular malformations are not the same thing. The two are both very different conditions clinically and pathologically. It is important to differentiate between them, as the treatment is different.

Haemangiomas are benign vascular tumours. Classically, they appear 3 months after birth; rarely are they present at birth. They then enlarge rapidly over the next 9 to 12 months. Haemangiomas then begin their involution phase with 50% resolving age 5 and 70% by age 7. Complete resolution is rare with small amount of non-vascular tissue left at the end of resolution.

Clinically, they appear as an elevated red lesion, ranging from small to large ulcerated lesions. The diagnosis is mainly based on history of the lesion and rarely are they associated with a syndrome. An ultrasound will help confirm the diagnosis.

Conservative management early is the best form of management with reassurance of parents. Propranolol has become the first line medical treatment for lesions if they are not resolving, becoming painful or rapidly increasing in size.

With regards to surgery, the principle is to leave the haemangioma to resolve at least partially. This will minimize the scarring. Surgery is indicated if:

1. Upper eyelid lesion obstructing vision
2. Nasal tip lesions
3. Lesions that fail to resolve by age 7 that are cosmetic concern
4. Residual non vascular tissue

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Vascular Malformations

On the other hand, are due to a failure of blood vessels to develop properly. These are true malformations and can range from mild skin changes through to life threatening lesions. Lesions can involve one vessel type or a combination of vessels and can be associated with syndromes.

Clinically, these lesions are present at birth and gradually increase in size. The appearance of the lesion is dependent on the vessel type involved. Common malformations are:

1. Capillary malformation (strawberry nevus)
2. Venous malformations (Port wine stains)
3. Lymphatic malformation (Cystic hygroma)
4. Veno-lymphatic malformation
5. Arterio-venous malformation

Diagnosis of these lesions is based on clinical assessment and investigation. Ultrasound is the best first line of assessment. This will provide information on the type of vessels involved and flow within the lesion. For complex lesions, an MRI is indicated.

Vascular malformations are complex conditions to manage and require referral to a specialist centre. They are often life long conditions that require input from various Specialists.

Please note that Mr Robert Toma will be on leave **from 25th March 2013 until 10th April 2013** inclusive. WPRS will remain open on these days.

Mr Toma will also be on leave **from 24th April 2013 until 27th April 2013** inclusive. Again, the rooms will remain open on these days.

Announcing the arrival of Cutera Laser at WPRS

WPRS is pleased to announce the commencement of treatments with medical grade Laser and light based therapies, using the Cutera Xeo Laser.

We will be providing information packs in the coming weeks and can be contacted on 5562 5330 for more information.