SHORT COMMUNICATION

Arterial Embolisation in the Treatment of Giant Capillary Haemangioma: a Short Communication

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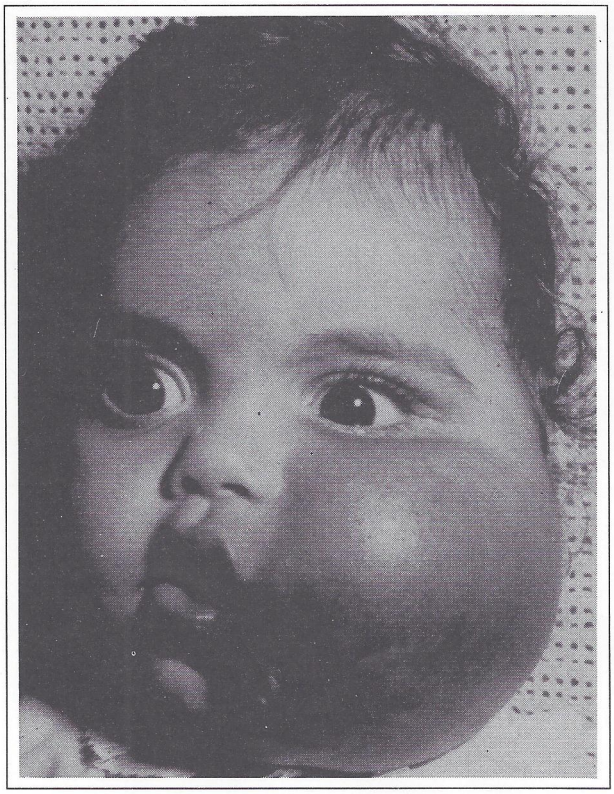
The association of giant capillary haemangioma with thrombocytopenia, consumption coagulopathy and microangiopathic haemolysis is known as Kasbach-Merrit Syndrome and is fatal in about 20% of cases. We report a case with this syndrome in whom conventional-conservative therapy failed; the life threatening haemorrhage was then successfully controlled and the haemangioma regressed following selective arterial embolisation.

The baby girl was born to a Bahraini primigravida mother, at 42/52. The Apgar score was 7 and 9 at one and five minutes respectively. The weight was 3.5 Kg, HC 35 cm and height 50 cm. Systemic examination was normal except for a large haemangioma involving all the left side of the face. The blood group was B +ve, Hb 14.1 gm/dl, WBC 32,000/mm^3, platelet count 229,000/mm^3, and also low G6PD activity. No therapy was given. At four weeks of age there was no change in the size of the haemangioma, but it looked more erythematous and showed superficial ulcerations; the Hb was 12 g/dl, WBC 10,000/mm^3 and platelet count reduced to 19,000/mm^3. She was given platelet transfusions and



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prednisolone syrup 2 mg/kg BW. She was regularly seen at the outpatient clinic and her platelet count varied from 5,000 to19,000/mm^3 despite therapy. At the age of 10 months she was admitted with bleeding from the oral mucosa at the site of the haemangioma, and with an Hb of 15.9 g/dl, WBC of 12,000/mm^3 and platelet count of 16,000/mm^3. Her fibrinogen was 1.6 gm/dl, PT 14.5 Sec (control 13 Sec), KPTT 39.5 Sec (control 38 Sec) and TCT 11 Sec (control 10 Sec). Ultrasound showed large heterogenous mass in the left cheek, and the plain radiographs showedthe mass extending into the left infratemporal area. Because of lack of response to conservative treatment, it was thought to send the child to a centre in the UK for arterial embolisation without having to try the other modes of conservative treatment such as surgery, radiotherapy and chemotherapy separately or in combination. Prior to arterial embolisation, a magnetic resonance scan showed large facial mass involving the soft tissues of the whole of the left cheek and buccal mucosa and the base of the tongue. Needle biopsy of the mass revealed features of benign juvenile haemangioma. The pre-embolisation selective angiography through the left femoral artery showed vascular supply from the left transverse facial and facial arteries and also small supply from the buccal branches of the maxillary artery. The supplying vessels were embolised using Ivalor particles. Post-embolisation angiography revealed non-filling of the feeding arteries. Postoperatively, the platelet count rose steadily to 250,000/mm^3 on the tenth day. The infant was then discharged home in good condition.