

## IMAGES

diagnoses include herpes simplex (usually has a prodrome of fever), herpes zoster (associated with pain and burning sensation at lesional site) and angiokeratoma circumscriptum (verrucous papules, more frequent history of bleeding). Treatment of choice is radical surgery.

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## Giant Hemangiomas in a Newborn

A term newborn presented with large, well defined swellings, approximately 8cms × 10cms, bilaterally over the anterior chest wall. Overlying skin showed bluish discoloration. Multiple small bluish swellings were also present on the right upper limb (**Fig 1**). A diagnosis of multiple hemangiomas with giant chest wall hemangiomas was made. No visceral lesion was found on ultrasonography. Baby died on third day of life due to haemorrhage and shock. Biopsy findings were consistent with hemangioma.

Hemangiomas occur in 1.1 to 2.6% of the neonates. They can be classified as superficial, deep or mixed. Deep hemangiomas need to be differentiated from lymphatic or venous vascular malformations. MRI can help distinguish between a vascular malformation and hemangioma.

Majority of hemangiomas involute without intervention. Giant hemangiomas can however present with complications such as cardiac failure, haemorrhage, platelet trapping and disseminated intravascular coagulation and may require early intervention. Modes of therapy employed include surgical excision, steroids, embolisation, radiotherapy



**FIG.1** Giant bilateral chest wall hemangiomas.

and pneumatic compression. An early surgical intervention may have improved the outcome in this neonate.

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