

(EP05.96). Little bumps, big concerns: a series on vascular lesions of the fetal scalp" a single centre experience

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Objectives:

To evaluate the antenatal course and outcomes of vascular scalp lesions. Early diagnosis of these lesions is crucial, as it enables optimal planning and method of delivery.

Methods:

This retrospective study included 6 cases of scalp lesions between 20 and 34 weeks of gestation. 2D and Doppler showed moderately vascularized lesions in the subcutaneous plane of the scalp, without intracranial extension or bony defects. All cases were followed up every month to monitor for size, vascularity and haemodynamic changes.

Results: 1 presented at 19 weeks as focal septated richly vascularized scalp lesion and coarctation of aorta, the couple opted for termination of pregnancy and autopsy and HPE revealed haemangioma of the scalp (Fig1). Case 2 showed features of haemodynamic compromise showing dilated internal jugular vein and SVC, had intrauterine demise due to hydrops at 26 weeks (Fig2). The remaining 3 showed scalp lesions ranging in size from 1.2 –3.0 cm located in the occipital and high parietal region with no underlying calvarial defect (Fig3). All cases were monitored till delivery. 2 of 3 showed spontaneous regression postnatally while 1 continued to grow and required postnatal management (Fig4). Antenatal distinction from AV malformations remains challenging and can be included in high flow vascular malformations of the scalp.

Conclusions:

Fetal scalp haemangiomas generally have a favourable outcome, with most lesions regressing postnatally. In our cases, all but one remained hemodynamically stable. Postnatal outcome and need for intervention are not determined by the initial lesion size but rather by its antenatal course, mass effect on surrounding structures, and impact on fetal hemodynamics.

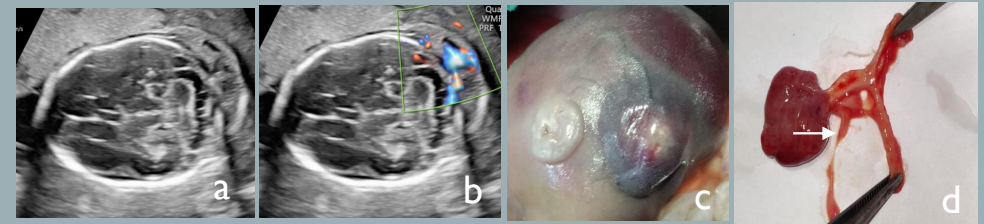


Fig1. Greyscale showing focal septated thickened nuchal fold showing spontaneous flow on power Doppler (a, b) and Autopsy showing hyperpigmented lesion in the posterior left of occipital region (c) and coarctation (arrow) of aorta (d).

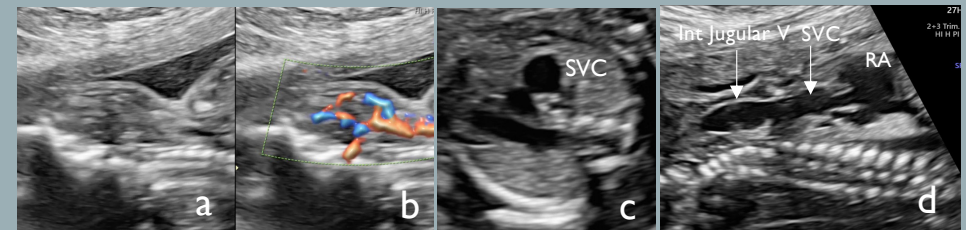


Fig 2. Grey scale and power Doppler showing focal vascular lesion along the nape of the neck (a, b) 3VT showing dilated SVC (c) and hammock view showing dilated internal jugular vein and dilated SVC (d).

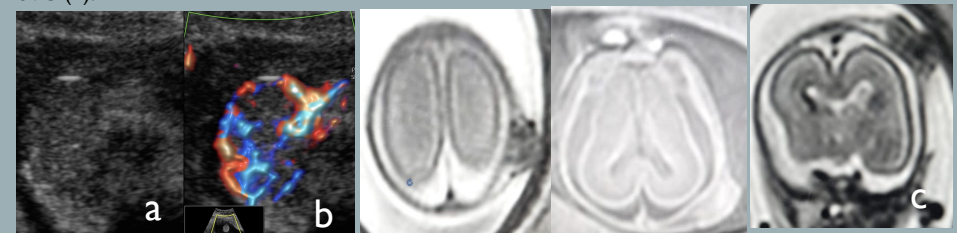


Fig 3. 2D and Slow flow showing vascular scalp lesion (a, b) MRI shows extracalvarial lesion with altered T2 hypointense signal intensity and prominent intralésional vascular flow voids (c).

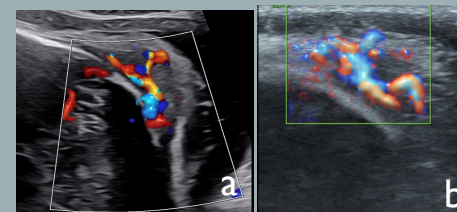


Fig 4. Antenatal and postnatal Doppler showing vascular scalp lesion underwent postnatal management (a, b).