

Congenital hemangioma of the neck

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Introduction

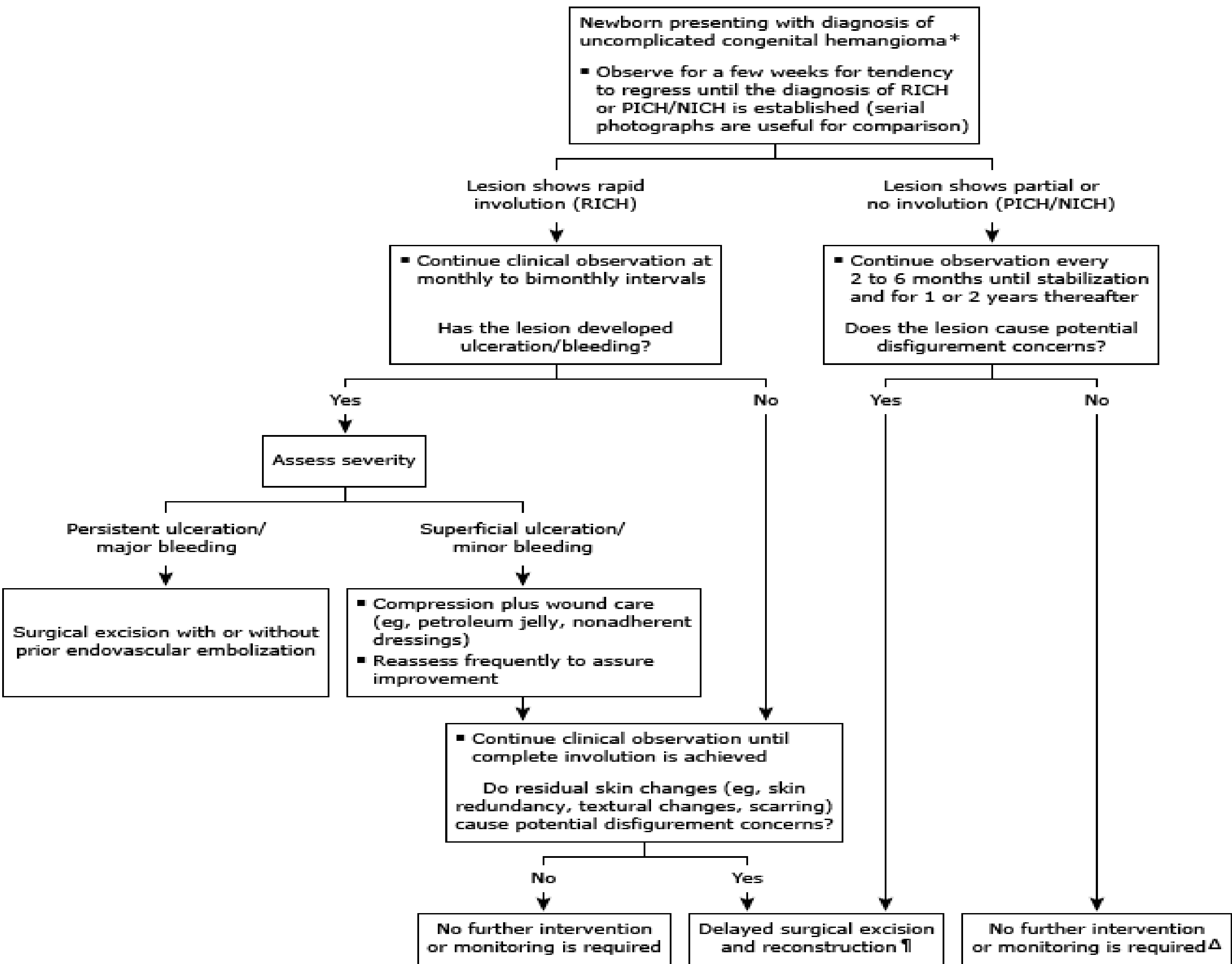
We present a case of a congenital hemangioma of the neck. A 33-year-old primigravida was referred to our department because of a suspected congenital mass in the fetal neck. The pregnancy had been uneventful, and serial ultrasound examinations had been normal until the 39th week of gestation, when a mass was detected. Ultrasound showed a 7 cm, solid, homogeneous mass on the right side of the fetal neck. Doppler assessment demonstrated low vascularity. The remainder of the fetal anatomical survey was normal, with no ultrasound signs of fetal anemia or cardiac decompensation. Fetal MRI demonstrated a well-circumscribed, isolated mass measuring 6 × 6 cm with tracheal compression. A congenital hemangioma was considered, and cesarean delivery at term was planned because of the potential risk of fetopelvic distocia at birth.

Follow up

A male neonate was born with a 6 cm soft-tissue mass on the right side of the neck and required immediate intubation at birth. Postnatal ultrasound findings were consistent with congenital hemangioma, and beta-blocker therapy was initiated. Over the following days, the mass decreased in size, allowing successful extubation. The infant was followed regularly by a neonatologist. At 3 months of age, the lesion was no longer visible and was only palpable; by 6 months, no residual mass was detectable.

Congenital hemangiomas

Congenital hemangiomas (CH) are rare, benign vascular tumors that are fully formed at birth. Their true incidence is unknown. They typically present as solitary, exophytic masses, most commonly on the head and neck or the limbs. Based on their clinical course, three main subtypes are recognized: rapidly involuting congenital hemangioma (RICH), non-involuting congenital hemangioma (NICH), and partially involuting congenital hemangioma (PICH). RICH lesions are usually apparent at birth, and some can be detected on prenatal ultrasound, particularly in the third trimester. They are most often located in the head and neck region, vary in size, and are typically solitary.



Conclusion

Despite their alarming appearance, the prognosis for all forms of congenital hemangioma is favorable. Treatment depends on the size and location of the tumor, as well as on any local or systemic complications. Challenges arise in cases where severe hemorrhage or heart failure occurs in utero, during delivery, or postnatally. With modern treatment, fatal outcomes are rare.

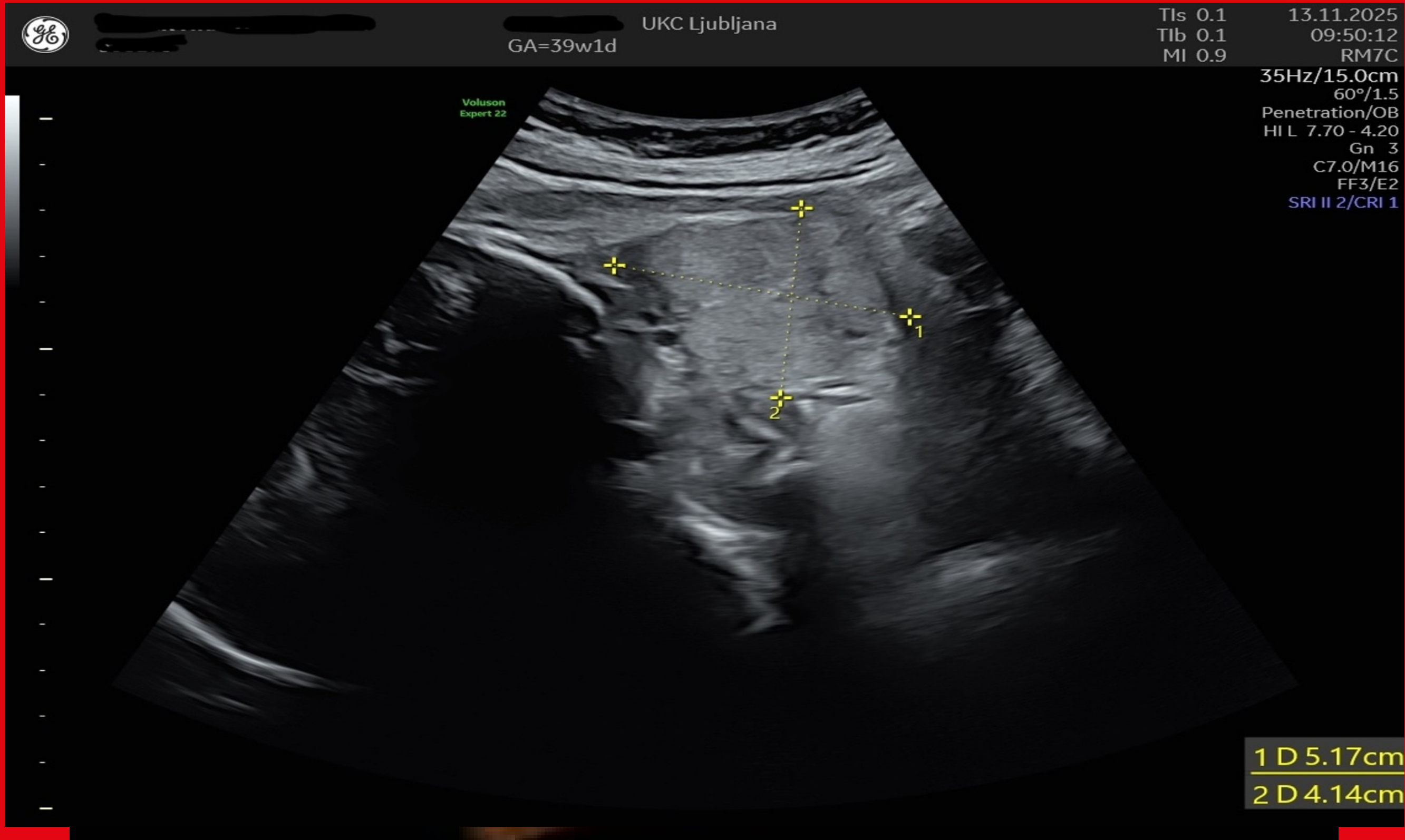


Figure 1. “US suspicious mass on the neck“

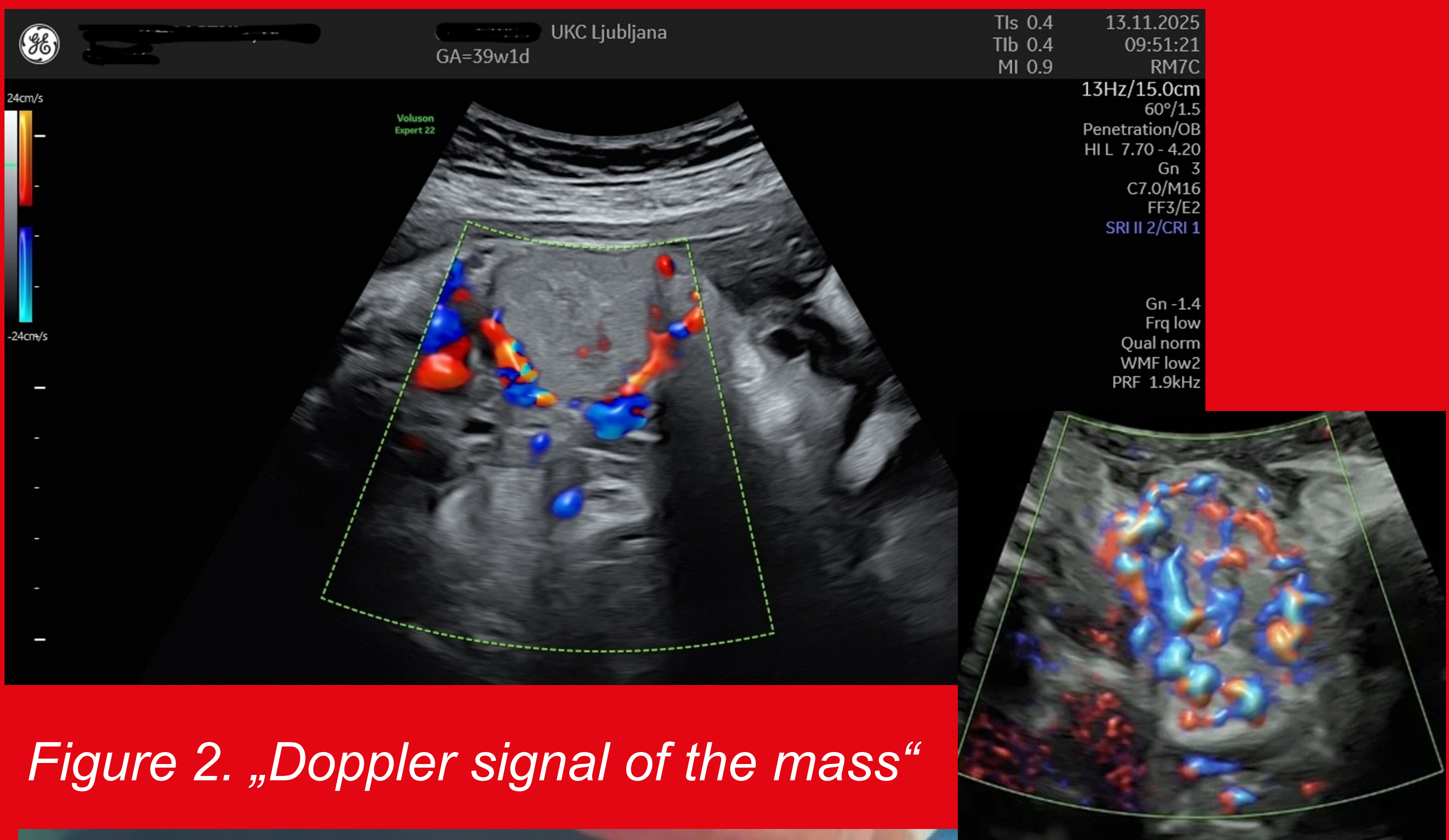


Figure 2. „Doppler signal of the mass“



Figure 3. After birth