

## **Watch! It Is Not Haemangioma!**

Hui Shan Cheah<sup>1</sup>, Zakaria Zahari<sup>1</sup>

<sup>1</sup>Department of Paediatric Surgery, Paediatric Institute, Kuala Lumpur, Malaysia  
E-mail: [hs\\_cheah@hotmail.com](mailto:hs_cheah@hotmail.com)

### **Background:**

Haemangioma is the most common benign tumour in infancy and childhood with prevalence of about 4% in children. This benign vascular tumour does not require any surgical intervention or even medical treatment in most cases. It involutes with time, except in Non-Involuting Congenital Haemangioma (NICH). Hence it is sometimes overlooked, leading to a delay in diagnosis of malignant tumours which may have similar presentation.

### **Case presentations:**

#### First case

A 2-month-old boy came with upper lip swelling (3x2cm) which was noticed since 2 weeks of life and gradually increasing in size. He was initially diagnosed to have infantile haemangioma and commenced on *Propranolol*. Ultrasonographic findings raised the suspicion of soft tissue tumour and proceeded with MRI of the face and brain. A large supratentorial mass was seen in left basal ganglia obstructing the left foramen of Monroe and causing marked midline shift. With the presence of pedunculated lip mass, these findings may represent atypical rhabdoid tumour (ATRT). Lip mass was excised and histopathological examination confirmed the diagnosis of malignant rhabdoid tumour. Child received palliative care following the excision. Tumour over the upper lip regrew aggressively (8x7cm) within a month time with active bleeding. Unfortunately, child succumbed to the disease after the palliative surgery, due to increased intracranial pressure secondary to the brain metastasis.

#### Second case

A 6-month-old boy has been followed up for liver haemangioma since neonatal period. Serial ultrasounds were done and showed features consistent of liver haemangioma with no change in its size and sonographic appearance. Child was thriving well with no signs of high cardiac output failure. At six months old, his serum alphafeto-protein remained more than 20,000 ng/ml and a CECT abdomen was performed. Tumour bleeding ensued and required an emergency extended right hepatectomy. Histopathological examination showed features of hepatoblastoma. Chemotherapy was commenced after the surgery.

**Discussion:**

Haemangion is common. Nonetheless, the possibilities of malignant tumour should be considered when it does not follow the nature of its disease.