

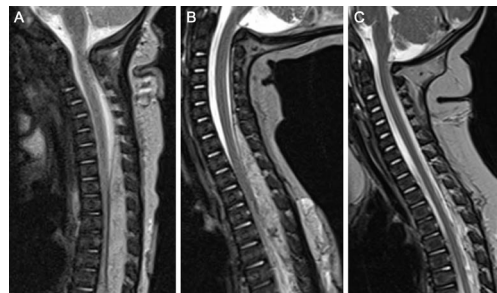
Infantile intraspinal and extensive cutaneous hemangiomas

Excellent response to propranolol

Figure 1 Multiple cutaneous hemangiomas on head, face, neck, back, and leg



Figure 2 Cervical and thoracic spine MRI showing hemangioma



(A) T2-weighted prior to steroid treatment; (B) slight reduction in size after steroid treatment; and (C) marked reduction of the hemangioma 8 weeks after starting propranolol.

A 6-week-old girl presented with multiple cutaneous hemangiomas (figure 1). She had brisk lower extremity reflexes without other deficits. Imaging revealed extensive hemangiomas in liver and extrapleural and oropharyngeal areas. Spine MRI showed a C5-T9 intraspinal-extradural hemangioma producing cord compression (figure 2A). There was minimal response of the hemangiomas to steroids but improvement with propranolol (figure 2, B and C). Intraspinal hemangioma is rarely associated with extensive cutaneous hemangiomas.¹

Corticosteroids are first-line treatment for extensive infantile hemangiomas. Propranolol's mechanism of vessel regression involves vasoconstriction, apoptosis of capillary endothelial cells, and decreased expression of vascular-endothelial and basic-fibroblast growth-factor genes.²

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