

# Vascular Anomalies Update

Winter 2009

## Vascular Anomalies (VA) Clinic Schedule:

Second, third, fourth and fifth Monday of each month, 8 a.m. to noon. Fourth Tuesday of each month, 8:30 a.m. to 12 p.m.

## CONTACTS

VA Clinic (206) 987-2105

Prenatal Clinic (206) 987-5629

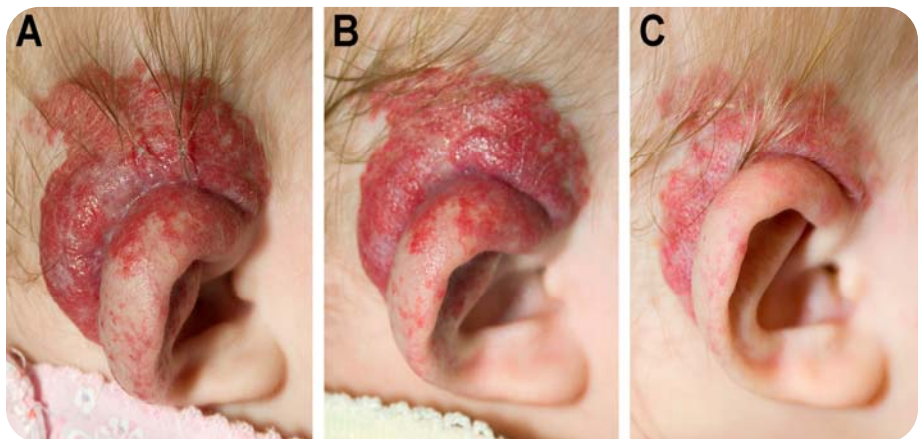
VA Program Asst (206) 987-1224

## Did you know?

- **The Vascular Anomalies program sees an average of 25 patients per month.**
- **Vascular Anomalies holds a monthly conference to discuss multi-disciplinary cases. A case review of an individual's condition can be arranged upon request.**



For more information or to get involved, call Vascular Anomalies Clinic at (206) 987-2105 or Prenatal Clinic at (206) 987-5629. Further questions can be directed to Stacy Russ, Vascular Anomalies Program Assistant, at [stacy.russ@seattlechildrens.org](mailto:stacy.russ@seattlechildrens.org).



## Promising New Treatment for Infantile Hemangiomas

Propranolol has been recently described as a new treatment for infantile hemangiomas. Our initial use of this medication for an infantile hemangioma had dramatic results, as revealed in the pictures above. Image A is pre-treatment, B is after one month of steroid treatment and C is after one month of Propranolol.

The discovery that Propranolol reduces the size and growth of infantile hemangiomas occurred serendipitously through the use of this medication to treat high blood pressure in infants with large infantile hemangiomas on corticosteroids. We have applied this treatment to patients with large or difficult hemangiomas. The excellent results have prompted us to begin a clinical trial to test the efficacy of this medication compared to traditional steroid therapy. Further updates will be provided as the trial progresses. We anticipate that Propranolol will become more widely used for infantile hemangioma treatment.

## Prenatal Lymphatic Malformation Care and Evaluation

Routine use of prenatal ultrasound has made *in-utero* detection of lymphatic malformations more common. Collaborating with the Prenatal Clinic at Seattle Children's Hospital, the Vascular Anomalies team has begun treating women with unborn babies that have large anterior neck lymphatic malformations. This is seen in the *in-utero* ultrasound picture. As one might anticipate, these large lesions can cause significant airway or feeding difficulties. Often, in an effort to avoid such difficulties, these children are delivered with an EXIT procedure. Our team in the Prenatal Clinic coordinates the prenatal evaluation and EXIT procedures for delivery of these babies in conjunction with the Maternal-Fetal Medicine physicians at the University of Washington. This ensures maximal safety for the mother and her baby, before and after delivery.

## Recent Publications

Jo Nadine Fleming, MD, Sirkka Liisa Hostikka, PhD, Eunice Y. Chen, MD, PhD, Stephen M. Schwartz, MD, PhD, and Jonathan A. Perkins, DO, Plasmacytoid dendritic cells and interferon levels are increased in lymphatic malformations, *Otol Head and Neck Surg* 2008;139: 671-676

Emily F. Rudnick, Eunice Y. Chen, Scott C. Manning, Jonathan A. Perkins, PHACES syndrome: Otolaryngic considerations in recognition and management, *International Journal of Pediatric Otorhinolaryngology* 2009; 73: 281-288