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Sirolimus for multifocal infantile haemangiomas with hepatic & adrenal involvement



Fig. 3. Histopathology of liver showing intra-hepatic vascular tumour (arrows), comprising cleft-like areas, lined with endothelial cells. A few entrapped benign bile ducts were seen within the lesion (A, ×100). The endothelial cells (arrows) lining the vascular spaces did not show atypia (B, ×200) and were positive for CD34 stain (arrows) (C, ×200). Similar vascular lesion (black arrows) was also identified inside the left adrenal gland (blue arrows) (D, ×40), and the lesional cells (black arrows) were positive for CD34 stain (E, ×40). In skin also, similar lesions were identified (F, ×100).

Multifocal haemangiomas are a rare subtype of infantile haemangiomas (IHs) with multiple complications.

A 40 day old male infant^{\dagger} with multifocal IH presented to the Emergency department at the All India Institute

[†]Consent to publish clinical information and images obtained from patient's father.

of Medical Sciences, New Delhi, India, in January 2019, with eye involvement, liver failure and highoutput cardiac failure (Fig. 1A). The child was initially managed with propranolol to which the lesions were refractory. Angiogenesis inhibitor sirolimus was tried with good clinical response. The lesions regressed in size (Fig. 1B) and liver functions improved after two weeks of therapy. Unfortunately, the child succumbed to a nosocomial infection at four weeks of intensive care unit stay. Post-mortem examination revealed multifocal haemangiomas in the liver (Fig. 2A) and adrenal gland (Fig. 2B). The histopathology confirmed IHs (Fig. 3). This case highlights the challenges faced by the treating team in managing multifocal haemangiomas with hepatic involvement. Sirolimus appears to be a promising therapy in these cases.

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