

# VASCULAR LESIONS

## Congenital haemangiomas and vas

VASCULAR LESIONS Congenital: haemangiomas and vascular malformations

These can be subclassified biologically into vascular tumours or vascular malformations based on their endothelial characteristics, or radiologically into haemangiomas, vascular and lymphatic malformations based on their vascular dynamics. Haemangiomas These are benign endothelial tumours that affect three girls for every boy. Thirty per cent have a herald patch at birth, which then grows rapidly in the first year of life and slowly involutes over several years, with 70% having resolved by 7 years of age. Large haemangiomas can trap platelets, leading to thrombocytopenia (Kasabach-Merritt syndrome). Vascular malformations Vascular malformations affect boys and girls equally and are associated with numerous syndromes. They are invariably present at birth but may be missed if deep to the skin. Vascular malformations subsequently grow in proportion to the child's growth (rather than in response to sepsis or hormonal stimulation). Stasis can lead to a localised, consumptive coagulopathy in large venous malformations. Low-flow malformations may cause skeletal hypoplasia, while high-flow malformations can cause hypertrophy.

Figure 45.41 Merkel cell tumour (courtesy of St John's Institute for Dermatology, London, UK).

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