RICH (Rapidly Involuting Congenital Hemangioma) with Fetal Involution

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ABSTRACT

A term newborn was evaluated for the presence of a lesion resembling an involuting hemangioma; dermoscopy showed some residual ectasic capillaries, consistent with the diagnosis. At 5 months, lesion appeared in further light regression, comparable to that of a classical capillary hemangioma at 2 years of life. Pediatric hemangiomas are classified into infantile and congenital hemangioma. Infantile hemangiomas typically are very pale at birth, proliferate in the first months of life and then gradually involute throughout childhood. Congenital hemangiomas are further subclassified into rapidly involuting (RICH) and non-involuting (NICH) congenital hemangioma. Recently, a new variant of RICH showing fetal involution has been described. The prominent part of the life cycle of this variant of RICH (ie, proliferation and rapid involution) seems to start prenatally, whereas regression in typical RICH usually occurs in early infancy. Our case seems to confirm the existence of such variant of RICH.

Key words: Congenital hemangioma; Pediatric dermatology; Perinatology; Neonatology

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Abbreviations

RICH: rapidly involuting congenital hemangioma; NICH: non-involuting congenital hemangioma

PATIENT PRESENTATION

A term newborn from a normal pregnancy came to our attention at 1 month of life for the presence of an atrophic lesion in the nucal region, clinically resembling an involuting hemangioma (Figure 1). This hypothesis was also strengthened by dermoscopy, which showed some residual ectasic capillaries (Figure 1, box).

The mother reported to have noticed posteriorly at the base of the neck, soon after birth, the presence of an ovalar area of atrophic skin lifted in folds. No cutaneous markers suggestive of disraphism (ie, pits, fur, lipomas) were present. Therefore, our working diagnosis was that of an in utero rapidly involuting congenital hemangioma (RICH).

Given the absence of associated symptoms, we decided not to perform biopsy and opted for clinical follow up.
It is arguable that the prominent part of the life cycle of this variant of RICH (ie, proliferation and rapid involution) starts prenatally, whereas regression in typical RICH usually occurs in early infancy. Our case seems to confirm the existence of such variant of RICH.

REFERENCES


