INTERNATIONAL CONFERENCE

ON

PEDIATRIC SURGERY & NEUROSURGERY

Yerevan, Armenia, 6-7 September 2018



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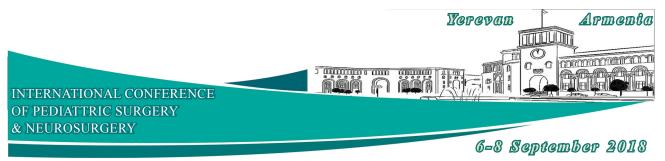


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INTERNATIONAL CONFERENCE OF PEDIATTRIC SURGERY & NEUROSURGERY

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COMBINED TREATMENT OF HEMANGIOMAS

Introduction: Infantile hemangioma (IH) is a benign vascular tumor in young children with a characteristic life cycle (proliferative, involutive phases), which is also a unique model of postnatal vasculogenesis, angiogenesis and vascular regression.

Tumor growth is conditioned by the influence of pro-angiogenic factors. Considerable part of complications develops precisely in the proliferation phase. A rapid increase in hemangiomas is an indication for treatment, which should be based on the age of the patient, localization, size and aggressiveness of the growth.

Purpose: to improve the cosmetic results of hemangioma treatment.

Materials and methods: 57 children with hemangiomas of different locations were treated in Kharkiv Regional Children's Clinical Hospital No.1 in in 2016-2018. 134 of them were under 1 year of age and 23 were older. Systemic therapy with β-blockers was given to 67 children with multiple and large-sized hemangiomas. Surgical removal using high-frequency coagulator was performed in 8 children who had significant residual changes. 16 children with voluminous, aggressively increasing formations of complex localizations underwent cytoreductive intervention. Local treatment with β-blockers was administered to 30 children, supplemented with compression in 18 children. 28 patients underwent combined treatment which included local administration of corticosteroids, administration of β-blockers and compression effects.

RESULTS: Systemic therapy resulted in the desired result within the period of 6-19 months. 2 of 30 children treated with β -blockers were found to have a progressive growth of tumors, requiring removal, due to a disruption of the treatment regimen by the parents. Hemangiomas regressed within the term from 3 months to 1 year in all children who received local treatment with β -blockers, in combination with compression. After cytoreductive removal, residual tissue is active during time. In combined administration of local corticosteroids, β -blockers and compression, signs of regression appeared after 10 days with cessation of manifestations in the 3-6 months period.

Conclusions: Combined local effects of corticosteroids and β -blockers with permanent compression can achieve comprehensive pathogenic effects on hemangiomas by inhibiting pro-angiogenic factors, stimulating early apoptotic activity, and reducing blood flow. Cytoreductive removal of hemangiomas using high-frequency coagulation significantly accelerates the regression process in residual tissues with a good cosmetic outcome in volumetric formations.

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