

Psychosocial Impact of Vascular Anomalies on Children and Their Families



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KEYWORDS

- Vascular anomalies • Psychosocial impact • Propranolol
- Facial neoplasm/psychology

KEY POINTS

- Measuring the psychosocial impact of vascular anomalies is made difficult by the wide range of presentation and severity of the lesions as well as the relatively rare incidence.
- There is no linear relationship between the degree of deformity and degree of distress.
- Patients with more severe lesions may have better coping mechanisms for the impact developed through multiple medical encounters.
- Early treatment can be protective against developing a negative self-image, regardless of the aesthetic effect.
- Providers must also be sensitive to the psychological impact of vascular anomalies on the parents.

INTRODUCTION

Based on their clinical and cytologic attributes, vascular anomalies are divided into tumors and malformations. Infantile hemangiomas (IHs) are the most common vascular tumor and frequently affect visible areas of the face, head, and neck. Although hemangiomas involute with age, approximately 70% of children show residual lesions after involution.¹ Persistent telangiectasia, sagging skin, scarring, and pigment changes (Fig. 1) can cause obvious deformity of the face that may be particularly disfiguring depending on the size and location. Vascular malformations are further subcategorized as low-flow lymphatic, venous, capillary, or mixed lesions and as high-flow arteriovenous malformations. Vascular malformations typically grow as a child grows although they may acutely enlarge under certain conditions. These lesions may also cause marked disfigurement particularly when located in visible areas of the head and neck.

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Fig. 1. Proliferating left-cheek IH in 1-month-old female infant (*left*) and same involuted lesion in a 4-year-old girl (*middle*). Despite marked involution, the family sought treatment options for residual fibrofatty tissue, skin discoloration, dimpling, and telangiectasias. Significant improvement in skin appearance post-serial pulsed dye laser treatments and fractionated CO₂ laser therapy (*right*).

The clinical manifestations of head and neck vascular anomalies are extremely varied. Treatment is reserved for vascular anomalies that are symptomatic or cosmetically disfiguring, and surgical and nonsurgical treatment options are widely varied with variable outcomes. Unlike other vascular anomalies, treatment of IHs is age dependent, with better responses reported for treatment during the proliferative phase of growth in early infancy. Anticipated involution of asymptomatic but cosmetically deforming IHs can delay critical early referral to vascular anomalies specialists for treatment. Deferring treatment of IHs in cosmetically sensitive areas, such as the nose, lip, and periorbital region, can convert a lesion easily treated during infancy into a lesion that is more difficult to treat in the older child. The paradigm shift among primary caregivers to refer patients with IHs in cosmetically sensitive areas early in infancy is occurring slowly.

Depending on the child, the site and size of the deformity, vascular anomalies, or scars from vascular anomalies may potentially have a detrimental effect on a child's psychosocial development, particularly if untreated.² Recognizing the impact of facial vascular anomalies on psychosocial development is critical in evaluating treatment options and timing of treatment to achieve the best possible outcome. This article defines psychosocial impact, presents inherent difficulties and relevant studies assessing its occurrence in patients with vascular anomalies, and discusses treatment considerations, particularly the optimal age of intervention when warranted.

PSYCHOSOCIAL IMPACT

Psychosocial impact is defined as "the effect caused by environmental and/or biological factors on an individual's social and/or psychological aspects."³ In cases of facial vascular lesions, patients are faced with the anomaly as a biological factor as well as how others react to the lesion as an environmental factor. The psychosocial effects vary because vascular anomalies have a wide range of manifestations and severity. Although young children are not aware of body image, they perceive how social interactions may differ from others based on any obvious abnormalities. In a society that places great importance on physical appearance, sustaining a facial vascular anomaly can significantly influence the psychosocial development of children and thus have lifelong effects.⁴

Negative psychosocial consequences are known to occur in some, but not all, children with craniofacial abnormalities, such as cleft lip and palate and craniosynostosis, but psychosocial challenges of vascular anomalies in cosmetically sensitive areas are not well described.⁵ Masnari and colleagues^{6,7} concluded that all children who look

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