

Management of Infantile Hemangiomas of the Airway



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KEYWORDS

• Airway • Subglottic • Hemangioma • Propranolol • Surgery • Management • Laser

KEY POINTS

- Symptoms of airway hemangioma mimic those of croup, often resulting in a delay in diagnosis.
- Distribution of airway infantile hemangiomas may be focal or segmental. Segmental airway IHs are associated with cutaneous segmental IHs.
- Propranolol has largely supplanted steroids and surgical intervention in the management of airway hemangiomas.
- There is still a role for multimodality therapy for airway hemangiomas depending on the size of the lesion, location of the patient at the time of diagnosis, and response to medical therapy.

INTRODUCTION

Although infantile hemangiomas (IHs) are a common tumor of infancy, their occurrence in the airway is uncommon. When present, they may affect any portion of the airway; however, they most frequently involve the narrowest portion of the pediatric airway, namely the subglottis, often resulting in symptoms of stridor and respiratory distress. Unrecognized or untreated, the rapid growth of airway IHs may result in complete obstruction of the airway. As a result, otolaryngologists who treat children should be familiar with the diagnosis and management of these lesions (**Fig. 1**).

EPIDEMIOLOGY AND PATHOGENESIS

The incidence of airway IHs has not been determined in any formal study. An analysis of the 37-hospital Pediatric Health Information System database over the 5-year

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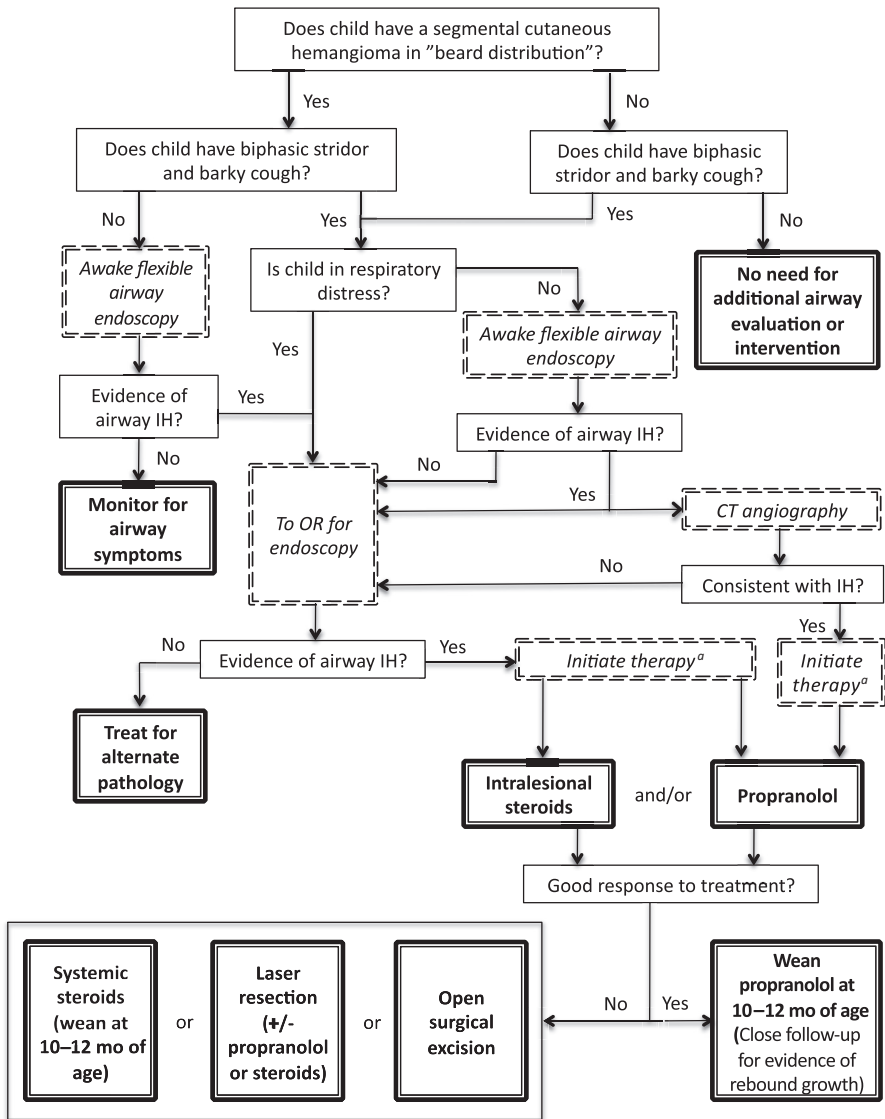


Fig. 1. Algorithm for evaluation and management of IH of airway. ^a In rare cases in which expert medical or surgical management is not readily accessible and symptoms are severe, placement of a temporary tracheotomy may be most expedient. OR, operating room.

period from 2001 to 2005 found that, of 2890 admissions for a primary or secondary diagnosis of IH, 337 (12%) underwent an airway procedure during at least 1 admission.¹ Thus, on average, pediatric hospitals in this cohort likely treated fewer than 3 symptomatic airway IHs each year. In a 1967 series, IHs of the airway accounted for 1.5% of congenital laryngeal anomalies.² As with IHs in general, airway IHs involving the subglottis have been reported more frequently in girls, with a 2:1 female-to-male preponderance.³⁻⁷ It is unknown if the other risk factors associated with IHs in general apply equally to the subset of IHs of the airway.

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