

IMAGES IN CLINICAL PRACTICE**LUMBAR TUMOR IN A NEWBORN - WHAT TO THINK?**

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Male newborn, born to a 27-year-old healthy gravida two, para one, caucasian woman. Supervised pregnancy, with negative results on prenatal screening including fetal ultrasounds. Family history was unremarkable and the parents were non-consanguineous. Vaginal delivery at 37 weeks. Apgar scores of nine and ten, at first and fifth minute, respectively. At birth, he had a weight of 3160 g (68th percentile), length of 49 cm (62nd percentile), and head circumference of 33 cm (41st percentile). Physical examination after birth showed a right lumbar subcutaneous mass, purpuric in the center with pale halo (Figure 1). It was mobile, with elastic consistency, measuring approximately 20x30 mm. The exam was otherwise described as normal. Pediatric Surgery collaboration was requested and congenital hemangioma was the most likely diagnosis. At six months of age the lesion was getting smaller, measuring approximately 15x25 mm, compatible with a rapidly involuting congenital hemangioma (RICH).

What is the diagnosis?

Unlike infantile hemangiomas, congenital hemangioma is a benign vascular tumor fully grown with its maximum size at birth, not exhibiting postnatal growth.^{1,3} They are typically fully developed solitary raised tumors, pink to violaceous in color, firm to hard on palpation.³ Based on involution they can be classified as noninvoluting or partial involuting congenital hemangiomas or RICH.² Head, neck and limbs are the most common locations.⁴ Involution can start within the first week of life usually ending by six to fourteen months of age.⁴ If complete, it may leave a residual patch of skin with prominent veins with little or none subcutaneous fat.^{1,4} It can leave a vascular plaque with coarse telangiectasia if incomplete.² The diagnosis is clinical, without the need for unnecessary exams that will raise parental concerns. Doppler ultrasound

Figure 1. Image of a congenital hemangioma (white arrow), presenting at birth examination as mobile and elastic lumbar mass (violaceous center with pale halo), measuring approximately 20x30 mm.



may show high blood flow followed by low flow during involution.² The prognosis is good with conservative treatment consisting of close follow-up.^{2,4}

Compliance with ethical standards

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