

## Subglottic hemangioma in an infant

**Bizhga M<sup>1\*</sup>, Aga A<sup>2</sup>, and Cela D<sup>3</sup>**

<sup>1</sup>UHC Mother Teresa, Pediatric Hospital, Service of Pulmonology

<sup>2</sup>American Hospital

<sup>3</sup>UHC Mother Teresa, Service of Radiology

**\*Corresponding author:** Bizhga M, UHC Mother Teresa, Pediatric Hospital, Service of Pulmonology, Albania.

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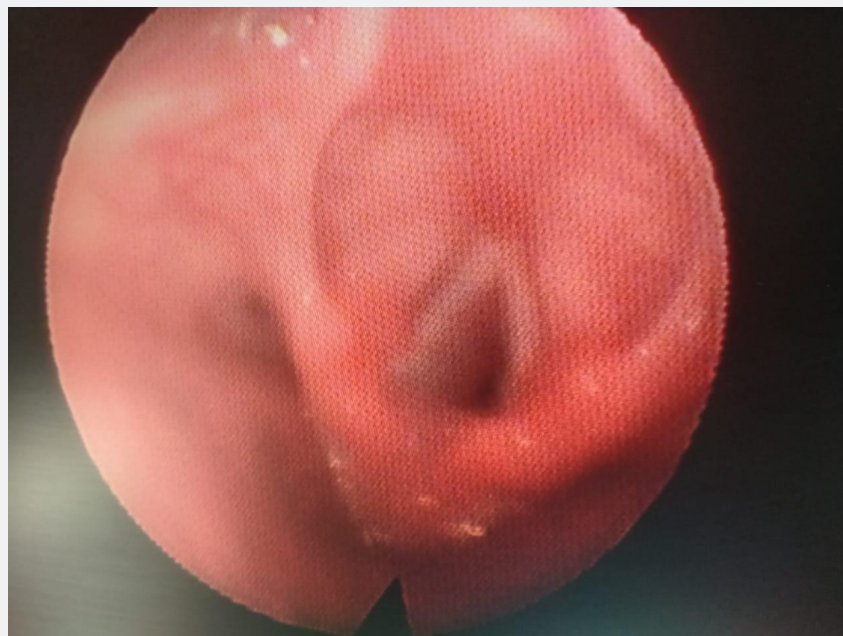
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### Description

Patient LM, born on 27 dec 2020, full gestational age, female. Presented with progressive inspiratory distress at 8 weeks of postnatal age. Emergency intubation due to extreme respiratory distress, desaturation, and tachycardia 189/min, despite Oxygen supplement up to 4l/m, not responding to venous steroids therapy. After intubation, inspiratory distress was resolved immediately.

Extubated successfully after 2 days. Patient continued clinically with stridor nonresponding to steroids. X rays of the neck and of the thorax were normal.

Fibrolaryngoscopy at 10 weeks revealed a subglottic mass on the left side on the subglottic area (Figure1).



**Figure 1:** The laryngoscopy when diagnosed

## Therapy

Start of propranolol 2mg/ kg, as a monotherapy. Stridor improved after 10 days; Stridor free 1 month after therapy with

propranolol as monotherapy started.

Fibrolaryngotracheoscopy at 8 months old, revealed resolution of hemangioma (Figure 2).



**Figure 2:** The laryngoscopy after the treatment

## Background

Hemangiomas are benign capillary tumors, which occur in newborns on a rate 1-2%, usually in skin. Sometimes they occur in airways and in ¼ of them they have a skin hemangioma as well.

## Discussion

CO<sub>2</sub> laser, Neodym-Yag laser, and tracheostomy are listed a treatment method, leaving scars, stenosis and delay and difficulties speaking [1]. Airways hemangiomas that respond to propranolol treatment are 86% [2]. Dramatic and fast response was observed in some studies [3] this is one of them. Decided to continue therapy with propranolol as a monotherapy up to 9 months old. Catch up growth of hemangiomas are reported in 7% of cases. Some authors recommend continuing propranolol up to 12 months to prevent regrowth.

## Acknowledgement

None.

## Conflict of Interest

No conflict of interest.

## References

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