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Multidisciplinary Timely Management of a Perineal Ulcerated Hemangioma at risk of diversion colostomy through advanced technology in a 9-days-old girl

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Introduction

Management of ulcerated haemangiomas in the perineum is always a challenge for health professionals. Infantile haemangioma is the most common vascular birthmark which usually follows a benign course of spontaneous resolution in the first decade of life. Unfortunately, 5-10% will ulcerate during the rapid growth phase in the first 6 months of age, especially for those located at the areas with moistness and friction e.g. the lip, ear, eyelid or perineum. Ulceration may subsequently be complicated by infection or severe deformity. We reported a 9-days-old preterm and low birth weight baby girl with an ulcerative infantile haemangioma around her perineum with potential risk of diversion colostomy.

Objectives

To evaluate the management of ulcerative infantile hemangioma at the perineum in order to identify the key factors leading to its successful management.

Methodology

This is a clinical case report of a 9-days-old preterm and low birth weight baby girl with an ulcer on the left buttock as a complication of infantile hemangioma. Key clinical features were identified and specific treatments were detailed. These findings were then discussed with respect to the currently available clinical evidence.

Result

Result:

We reported a case of infantile hemangioma which appeared on a 6-days-old preterm and low birth weight baby girl.

Spontaneous ulceration of the infantile hemangioma was noted on 9 days of age without preceding traumatization or infection. The ulcer gradually enlarged despite

initial conservative management using normal saline dressing and topical advanced wound-dressing method. Wound swab for culture revealed no growth of bacteria. One of the great challenges of her wound care was that the dressing was always soaked with urine and stool. At 16 days of age, she was referred to our hospital for laser therapy and wound management. At the time of admission, there was a full-thickness ulcer over the left buttock, located 0.6cm from the anus, and measuring 3.5x1.5cm in size. Specific treatments included 1) oral propranolol at 0.25mg/kg/day and gradually stepping up to 1mg /kg/day for 12 months, 2) Pulsed Dye Laser for seven times, and 3) a variety of advanced dressing products which included hydrogel, alginate, hydrocolloid, hydrofibre and foam dressing .

A multidisciplinary care approach involving Paediatricians, Paediatric nurses and Enterostomal Therapy Nurses was implemented in the care for this patient. The ulcer subsequently healed eight weeks after the initiation of combined treatment and the need for diversion colostomy was prevented.

Outcome:

The care process showed the importance of evidence based practice in the management of infantile haemangioma using advanced technology. We built up an effective collaboration between various healthcare teams and with the family members. The Paediatric nurse played a vital role in the coordination between the health services so that timely treatment and rapid healing could be achieved with minimal sequels for this patient.