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How Do I Manage Periocular Hemangiomas? At What Point and to Whom Do I Refer?

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Infantile hemangioma (IH) is the most common periorbital and orbital vascular tumor of infancy, characterized by a hypercellular proliferation phase during the first year and followed by a long involutional phase over the subsequent 1 to 7 years. They can be bright red superficial capillary hemangiomas (historically referred to as strawberry hemangiomas) or present as purple masses that arise from deep within the reticular dermis and subcutaneous tissue (also known as *cavernous hemangiomas).* The first step is diagnosis, which is generally a combination of clinical judgment based on the above characteristics and imaging studies to rule out neoplasms. The differential includes other vascular and soft tissue growths such as tufted angioma, hemangiopericytoma, and fibrosarcoma. However, IH demonstrates a high flow pattern, asymmetry, and irregular acoustic features on Doppler ultrasonography, whereas solid tumors and vascular malformations exhibit low flow patterns. Further studies such as computed tomography, magnetic resonance imaging, or even biopsies are usually unnecessary. Referral to a specialist is generally only necessary if the diagnosis is in question or if the lesion is atypical.

Referral

Because hemangiomas will spontaneously regress over time, it would be appropriate to observe asymptomatic lesions through their natural course once the diagnosis has been established. However, periorbital lesions pose a unique concern because they occur during the pivotal phase of a child's visual system development. In addition to aesthetic considerations, a mass that occludes the visual axis and distorts the cornea can cause amblyopia and significant astigmatism, leading to lasting visual damage if not treated promptly. The incidence of amblyopia or permanent visual

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