Rapidly enlarging ocular mass in a 4-month-old infant: Conjunctival Infantile Hemangioma

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Background

- Infantile hemangioma (IH): most common benign vascular tumor of infancy; proliferates first 4 months, involutes after age 1
- **Conjunctival IH:** rare, underreported subtype; red vascular masses, similar growth pattern
- Risks: ptosis, astigmatism, amblyopia, strabismus, **visual impairment**
- DDx: congenital hemangioma, vascular malformation, rhabdomyosarcoma
- First-line tx: **beta-blockers (propranolol, timolol)**

Case Presentation

- 4-month-old female, left ocular mass since birth
- Rapid growth over 1 month; impaired lateral gaze, enlarges with crying
- Exam: **red-pink conjunctival mass, mild orbital edema**
- **Failed topical tobramycin/dexamethasone**
- MRI: enhancing extraconal mass, left orbit; repeat scan showed growth + globe displacement
- **Dx: conjunctival infantile hemangioma (proliferative phase)**
- **Started oral propranolol 3.4 mg/kg/day BID**
- 1-month follow-up: **mass regressed**
- Plan: continue propranolol to ≥18 months

Clinical Images

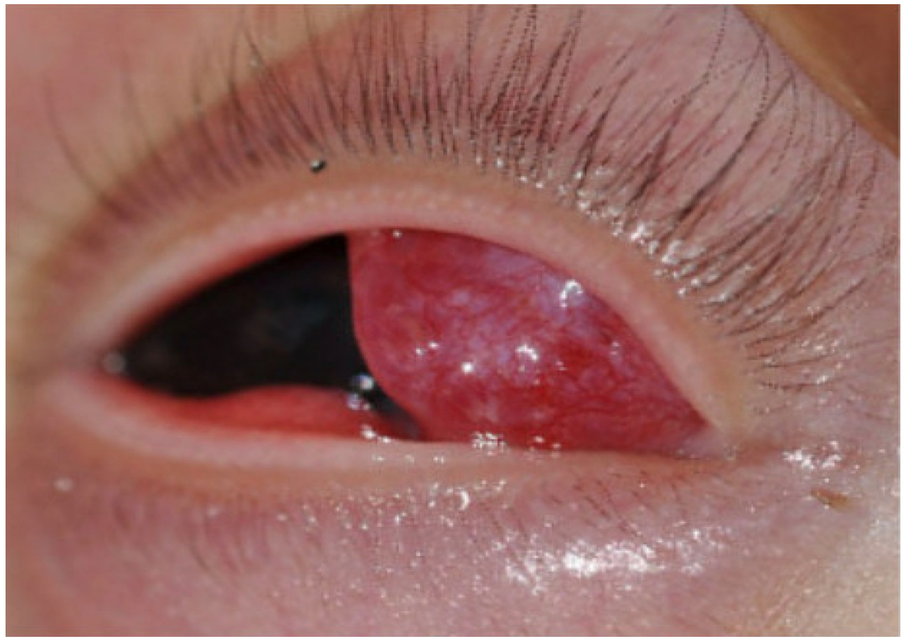


Figure 1. Red-pink mass along the lateral conjunctiva of the left eye with mild orbital edema

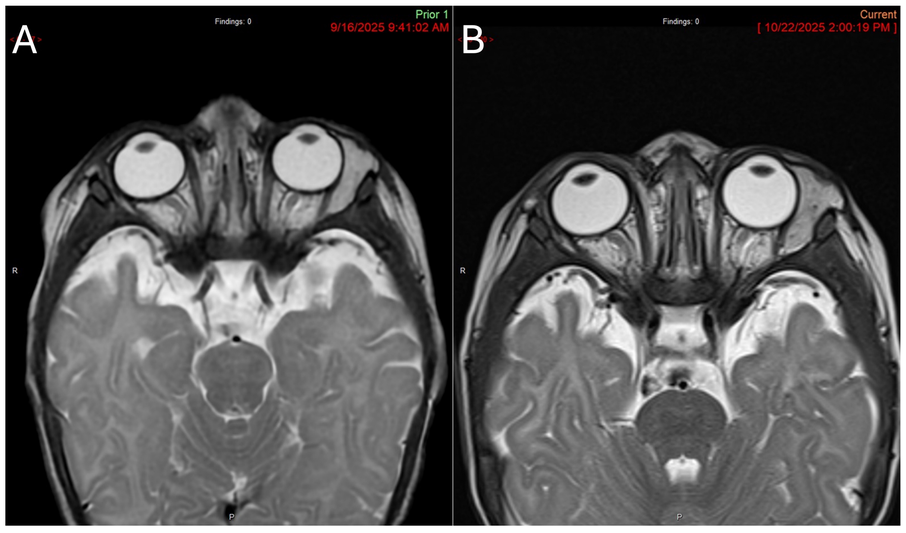


Figure 2A-B. A. Initial MRI, L enhancing extraconal mass. **B**. Repeat MRI, increased size + globe displacement

Discussion

- MRI enhancement pattern supports IH diagnosis
- **Early derm/ophtho co-management critical given ocular risk**
- Propranolol reduces size, prevents/reverses ocular damage
- Can trial propranolol as dx + tx tool even before imaging
- **Authors favor oral propranolol over topical for periorbital lesions**

Teaching Point

- **Suspect conjunctival IH in any isolated, enlarging ocular mass in infancy**
- Early multidisciplinary care prevents vision loss
- **Consider propranolol trial in uncertain cases, even pre-imaging**

References

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