Timely Interventional Embolization Prior to Hemangioma Resection in an Infant with Kasabach Meritt Syndrome

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We present the perioperative management of a 5.5 kg infant with Kasabach Merrit Syndrome with a 10 cm hemangioma. The patient was an ex-34 week premature infant who had been discharged from the NICU less than 2 weeks prior who presented for respiratory distress and increasing oxygen requirement at home. During his initial NICU stay he had been treated for bronchopulmonary dysplasia, lower extremity hemangioma, and Kasabach Meritt Syndrome (hemangioma, thrombocytopenia, and consumptive coagulopathy related to a rapidly growing vascular lesion.) He ultimately required intubation for respiratory distress attributed to high-output cardiac failure secondary to the massive hemangioma. A furosemide infusion and fluid restriction were begun in preparation to optimize him for definitive management of his lower extremity vascular lesion. On hospital day 3, he was taken to the interventional radiology suite for embolization of the hemangioma. This was followed by successful resection of the hemangioma on hospital day 4 with minimal blood loss. This case illustrates the important role that interventional procedures may play prior to resection of certain vascular lesions. In this young neonate, coordination of care between multiple services was critical to ensure timely resection of the hemangioma post-embolization to avoid complications related to a large necrotic tissue mass.