CASE REPORT: INFANTILE PAROTID HEMANGIOMA AND PERIMEMBRANOUS VENTRICULAR SEPTAL DEFECT.

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Introduction. Parotid gland tumors are uncommon, accounting for only 1% of all pediatric tumors and in almost 90% of cases they are benign. Infantile hemangiomas form for approximately 0,4% to 0,6% of salivary gland tumors and occur almost exclusively in the parotid. The disease is more prevalent in females by threefold, with a median age of onset of 4 months.

Case description. We report a case of concomitant parotid gland hemangioma and hemodynamically significant ventricular septal defect. A 5-month-old girl was admitted to the hospital for further examination because of a growing formation in the left parotid gland area since the age of 4 months. So far, she had been under cardiological supervision for a perimembranous ventricular septal defect and heart failure (NYHA class II), being treated with 2 diuretics – Furosemide and Spironolactone. Ultrasonography scan revealed an unclear substrate in the left parotid gland, so it was decided to perform an MRI scan to check the diagnosis. MRI showed diffuse enlargement of the left parotid gland with markedly good vascularization, without edema of the surrounding tissue, suggestive of infantile hemangioma. After obtaining the results of visual diagnosis, it was decided to enhance the existing therapy with oral Propranolol for at least 3 months until the planned surgical closure of the perimembranous VSD.

Summary. Shortly, the hemangioma began to gradually shrink under oral Propranolol therapy and later completely regressed.

Conclusion. Concomitance of significant VSD and parotid hemangioma is rare. Propranolol is the gold standard first-line therapy for infantile hemangiomas and an effective drug for reducing clinical symptoms of heart failure in infants with congenital heart diseases.

Keywords. Infantile hemangioma (IH); Perimembranous ventricular septal defect (VSD); Propranolol