

# Benign Vascular Lesion of the Upper Lip in a 6-week-old Female Infant

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## INTRODUCTION

A 6-week-old female infant presented with a soft tissue mass of the anterior upper lip measuring 2.3 × 1.4 cm. The lesion was first noted during the early neonatal period and demonstrated gradual enlargement. Clinical examination revealed a localized vascular lesion consistent with an infantile hemangioma. The patient was otherwise healthy, with no ulceration, bleeding, feeding difficulty, or functional impairment. Given the lesion location and growth pattern, close observation was recommended, with consideration for medical therapy should rapid proliferation or complications occur.

## CASE DESCRIPTION

A 6-week-old female infant presented with a soft tissue mass of the upper lip measuring 2.3 x 1.4 cm. The lesion was noted by parents during the early neonatal period and demonstrated gradual growth. Physical examination revealed a localized vascular lesion consistent with clinical features of an infantile hemangioma. The infant was otherwise healthy with no associated complications or functional impairment.



Figure 1: Infantile hemangioma of the anterior upper lip (2.3 × 1.4 cm) at 6 weeks of age.”

## References

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- [Infantile Haemangioma.](#) Léauté-Labrèze C, Harper JI, Hoeger PH. Lancet (London, England). 2017;390(10089):85-94. doi:10.1016/S0140-6736(16)00645-0.
- [ACR Appropriateness Criteria® Soft Tissue Vascular Anomalies: Vascular Malformations and Infantile Vascular Tumors \(Non-Cns\)-Child.](#) Bardo DME, Gill AE, Iyer RS, et al. Journal of the American College of Radiology : JACR. 2024;21(6S):S310-S325. doi:10.1016/j.jacr.2024.02.030.

## DISCUSSION AND CONCLUSION

Benign vascular lesions in the pediatric population encompass a spectrum of entities, most notably infantile hemangiomas and congenital hemangiomas. Infantile hemangiomas typically appear after birth, undergo rapid proliferation during the first 3-5 months of life, and spontaneously involute over several years. In contrast, congenital hemangiomas are fully developed at birth and are distinguished by their GLUT-1 negative immunostaining. Congenital hemangiomas include rapidly involuting (RICH), non-involuting (NICH), and partially involuting (PICH) subtypes.

- Large facial hemangiomas may be associated with PHACE syndrome (posterior fossa malformations, hemangioma, arterial anomalies, cardiac defects, eye anomalies), while lumbosacral lesions warrant evaluation for LUMBAR syndrome. Other genetic syndromes associated with vascular lesions include Klippel-Trenaunay syndrome, CLOVES syndrome, and Proteus syndrome, which involve PIK3CA-related overgrowth spectrum disorders.
- Current management of problematic infantile hemangiomas includes oral propranolol as first-line therapy at 2-3 mg/kg/day, with topical timolol maleate reserved for small superficial lesions. Early consultation, ideally by 1 month of age, optimizes treatment outcomes during the critical proliferative window.