

- Q1. The maximum period of growth of infantile hemangiomas (IH) occurs at the following period:
- First week after birth
 - Birth to 5 months**
 - After 6 months
 - Birth to 1 year

Most superficial IH growth occurs before 5 months of age. However, segmental hemangiomas show a trend toward higher growth rate after 6 months of age. Deeper IH exhibit a month delay in onset and also has sustained growth, when compared to superficial IH.

- Q2. PHACES syndrome is associated with facial segmental haemangioma and includes all except:
- Posterior fossa abnormalities
 - Coarctation of the aorta
 - Sternal abnormalities
 - Oesophageal stenosis**

PHACES syndrome is an acronym which stands for P-posterior fossa anomalies, H-hemangiomas, A-arterial anomalies of cerebral and cervical vessels, C-cardiac defects (including coarctation of aorta), E-eye anomalies, S-sternal defects.

- Q3. The following infantile hemangiomas require treatment:
- Ocular haemangiomas
 - Ulcerating haemangiomas
 - Nasal tip haemangiomas
 - All of the above**

The indications for treating infantile hemangiomas are function threatening lesions (ocular, lip, nasal tip, ear), life-threatening lesions (laryngeal involvement), ulcerated hemangiomas and large disfiguring/segmental hemangiomas.

- Q4. The new emerging therapeutic modality for infantile hemangiomas is:
- Systemic corticosteroids
 - Topical corticosteroids
 - Oral propranolol**
 - Vincristine

Oral propranolol, a non-selective beta-receptor blocker, is emerging as the best therapeutic modality for infantile haemangioma. It has been reported to be effective in both proliferative and post-proliferative phase. The treatment response is seen within 2 days of starting therapy and hence it is useful in life threatening and ulcerated hemangiomas.

- Q5. Adverse effects of propranolol include all except:
- Tachycardia**
 - Hypoglycaemia
 - Bronchospasm
 - Hyperkalaemia

The adverse effects of propranolol include bradycardia, hypotension, hypoglycaemia, bronchospasm, sleep disturbances and GI complaints. Hyperkalemia has also been associated with propranolol therapy.