LETTERS TO THE EDITOR

Surgery and benign facial lesions

EDITOR,—It is not uncommon for general practitioners and surgeons to be approached by parents whose children have small lesions on their faces, present often from birth and causing little in the way of problems. These lesions are often small haemangioma that regress with time.1 Reassurance is important and surgery often unnecessary.

Case reports

During a three month period in 1992, three children under the age of 1 year presented to our unit, bleeding from small haemangioma on their faces. All the lesions had been present from birth and in none was there a history of bleeding. All three lesions had been bleeding intermittently for 12–24 hours by the time the children reached the unit.

In all three cases the children had local excision and diathermy to the bleeding point at the base of the lesions within one hour of admission, conservative measures such as the application of silver nitrate sticks having failed. One child required a blood transfusion for acute blood loss.

There were no postoperative problems and all three children were discharged the next morning.

Discussion

The blood volume of a 10 kg child is 800 ml. It is commonly accepted that, at this age, an acute blood loss of 10–15% of blood volume requires resuscitative measures.2

If one assumes that 1 ml of blood is contained within 15 drops, then 80 ml (10% of blood volume) is equal to 1200 drops. If one then approximates and says that a small lesion, such as we have described, bleeds at two drops per minute, then one can understand that it will only take 10 hours for a 10 kg child to lose 10% of its blood volume.

It is therefore essential for children presenting with such lesions which are bleeding to be dealt with as soon as possible, before the blood volume has been reduced to the extent that intravenous blood or plasma replacements have to be given. If conservative measures fail, surgery in the acute stage is mandatory. As these lesions are often small and the blood loss apparently slow, this point is sometimes difficult to appreciate.

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Professor Meadow comments:

Though the real Baron Münchhausen of Bodenwerder near Hannover spelt his name with two 'h's' and an umlaut, the fictitious Baron did not. Baron Münchhausen's narrative of his marvellous travels and campaigns in Russia written by R E Raspe, and first published in London (in the English language) in 1785, had the anglicised spelling. Richard Asher dedicated his syndrome to the fictitious Baron — hence one 'h' and no umlaut.

Further reading

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