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Sir,

Regression of Remote Capillary Haemangioma after Local Intralesional Injection of Corticosteroids

Capillary haemangioma is the most common vascular tumour of the ocular adnexa and orbit in infants and children. Spontaneous involution frequently occurs by 4–7 years of age.[1] Capillary haemangiomas of the eyelids and orbit are best managed by observation, except when vision is threatened by untoward effects of the tumour. When intervention becomes necessary, intralesional corticosteroid injection is preferred.

We report on the beneficial effect of a local intralesional corticosteroid injection on a distant capillary haemangioma in a 16-week-old infant.

Case Report

A 3-month-old infant was referred for treatment because of gradually enlarging haemangiomas of the right upper eyelid and the left parotid area which appeared at age 2 months. Initial examination revealed bluish-purple, 'spongy' subcutaneous masses in the right upper eyelid and the left parotid area with telangiectatic vessels. The masses were shown to have irregular margins and rapid uniform enhancement on dynamic computed tomography with iodinated contrast medium. Ocular examination revealed mild proptosis of the right eye with blepharoptosis. The anterior and posterior segments were normal. Cycloplegic refraction was $+2.0\ -2.5 \times 20°$ for the right eye and $+0.5\ -0.25 \times 180°$ for the left. Because the lesion in the right upper eyelid was expanding rapidly, with progression of astigmatism to $+3.5\ -5.25 \times 30°$ and the threat of amblyopia, local treatment was recommended. At the age of 16 weeks, a 50:50 mixture of triamcinolone acetonide (80 mg) and betamethasone (6 mg) was injected under general anaesthesia to the right upper eyelid mass. One week later regression of the injected lesion was noted, together with regression of the astigmatism in the right eye to $+3.0\ -2.0 \times 30°$.

Interestingly, concomitant and significant regression of the capillary haemangioma of the left parotid area, which had been excessively enlarged prior to treatment, was also observed.

Discussion

Patients presenting with orbital capillary haemangiomas can also have coexisting capillary haemangiomas in other parts of the body. To the best of our knowledge, this is the first report of regression of a distant capillary haemangioma after local intralesional injection of corticosteroids. Although regression of the capillary haemangioma lesions may have been due to spontaneous regression, these lesions were characterised by gradual and constant growth prior to the steroid injection, with immediate regression after intralesional injection of corticosteroids. This indicates that regression was due to treatment and not to the natural history of these lesions.

We suggest two explanations for this remote effect. First, the dose of corticosteroids injected intralesionally (triamcinolone acetonide 80 mg and betamethasone 6 mg) is estimated to be 109–333 times the daily cortisol production of an age-matched infant (1.8–5.5 mg/day).[2] Second, the amount of corticosteroids that can be absorbed systemically from intralesional injections may be excessive.[3] This combination of extremely high corticosteroid dose and excessive intravascular absorption may account for not only the response of the distant capillary haemangioma, but also the systemic side effects. Weiss[3] diagnosed growth retardation in two patients who suffered adrenal suppression after corticosteroid injection into periocular haemangiomas. Therefore, clinicians should take into consideration that intralesional corticosteroid injection into capillary haemangioma may resemble systemic therapy and may cause involution of distant lesions.

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Sir,

Pseudoretinitis Pigmentosa due to Sub-optimal Treatment of Neurosyphilis

The treatment of established neurosyphilis requires intensive therapy with frequent, high-dose intravenous penicillin G or high-dose intramuscular repository penicillin G with probenecid.[1] However, patients may be treated for neurosyphilis with penicillin in oral or intramuscular form alone. The usual dose prescribed in these situations is inadequate for the complete eradication of the *Treponema pallidum* organisms from the eye, yet may be