A Case of Infantile-onset Cavernous Hemangioma with Status Epilepticus

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Abstract

Cavernous hemangioma, most common in those from 20 to 50 years of age, can be a cause of intracranial hemorrhage and epileptic seizures. We herein report a rare infantile-onset case of cavernous hemangioma with status epilepticus. The patient was an 8-month-old boy. On his first day in the hospital, he was splenetic and showed generalized clonic seizures with eyeball levoversion. The seizures lasted in excess of 30 minutes and were stopped by an intravenous injection of diazepam. His JCS was II-30, and a visual field defect was suspected, as his eyeball movement from midline to the left was only 45 degrees. CT findings showed a high density area in the right temporal lobe; EEG findings showed high-amplitude slow spikes and wave complexes in the front right-center temporal region—polyspike waves and slow waves in succession. MRI findings revealed multilocular bleeding and neoplastic lesions with edema in the right temporal lobe. According to these images, we diagnosed the patient to have cavernous hemangioma. The patient has since started taking carbamazepine (CBZ) orally and underwent lumpectomy. The pathologic diagnosis was hemangioma. Although eyelid myoclonia persisted even after surgery, CBZ lessened the attack frequency and improved the EEG findings. Currently, the patient has experienced no further seizures and his prognosis is good. Using excision surgery and drug therapy, it was possible to eliminate the epileptic seizures caused by a very large hemangioma. Bleeding is rare in childhood hemangiomas. Although we must be extremely cautious in employing surgical avulsion, the epileptic seizures experienced by four of past six cases, including the one herein reported, were reduced or eliminated, thus enabling the patients to discontinue anti-epileptic drugs.

Key words: Cavernous hemangioma, Status epilepticus, Symptomatic epilepsy