



## Calgary home to country's first comprehensive vascular birthmark clinic

Barbara Sibbald

A Calgary clinic that offers diagnosis and treatment for adults and children with disfiguring vascular birthmarks is expected to save patients and their parents many expensive visits to the US for treatment. Although physicians are available to treat vascular birthmarks in nearly every major Canadian city, this is the first comprehensive clinic of its type north of the border.

The Alberta Children's Hospital's Vascular Birthmark Clinic, which was launched in January 1997 by pediatric plastic surgeon Don McPhalen, offers a one-stop team approach modelled after its counterpart at the Boston Children's Hospital. The team includes Dr. Alex Brothers — an FP with a personal interest in birthmarks — 2 plastic surgeons, a pediatrician and a nurse clinician who coordinates patient care. Other professionals are consulted as needed.

Brothers, who was "thrilled" to join the team last September, says his goal is to "change the way we think about [vascular birthmarks]. We can't leave [it] on the face if it is disfiguring, especially when we can treat the problem."

The clinic currently operates 1 day a month, but may soon expand to 2 days. "We're already getting busier," says McPhalen. Although he doesn't know how many children have been seen at the clinic this far, he has about 120 children with birthmarks in his practice.

One in 10 children is born with a vascular birthmark, and 50% to 60% of them will require some treatment. Vascular birthmarks fall into 2 main categories, hemangiomas and vascular malformations. Specialists say the latter, which do not disappear naturally, should be treated as soon as possible. Unfortunately, they are easily confused with hemangiomas. One key difference is that hemangiomas usually appear 2 to 3 weeks after birth, whereas vascular malformations are present from birth. Girls are 3 to 5 times more likely to get hemangiomas than boys, and 83% of these birthmarks are found on the head or neck. In 90% of cases hemangiomas will go away — although not entirely — and half of these patients will require some sort of intervention.

Part of the problem, says McPhalen, is that physicians are poorly educated in this area of medicine. "Parents believe us when we say the hemangioma will go away. They may improve, but they don't go away."

Brothers agrees. "Our philosophy is that if the kid is under 5 and has a disfiguring hemangioma and will need

treatment, why not do it before school? The psychosocial implication are huge. You get tired of people staring and asking questions. It consumes the family."

And it's not only a case of alleviating psychological distress, because birthmarks may also affect a patient's health. They can obstruct eyes, ears, airways and damage tissue. "They aren't benign," says Brothers.

McPhalen says parental expectations that hemangiomas will eventually disappear, and the misdiagnosis of them, are the 2 most common problems specialists face in treating birthmarks. In one case, a child with a vascular malformation was treated for an hemangioma for several months before the correct diagnosis was made. "It's no one's fault," says McPhalen. "These are difficult lesions to diagnose and the treatment is evolving."

McPhalen says children with birthmarks have "very complex" needs that are in the same league as those of children with cleft palates. He says the clinic setting is ideal for meeting these needs. Because the Alberta Children's Hospital had already run a clinic program for children with cleft palates for 25 years, McPhalen thought a similar system should be devised to deal with birthmarks. He convinced the hospital there was a need, and then arranged for staff and a location.

Depending on the type of problem, treatment may include laser and plastic surgery, interventional radiology and the use of corticosteroids and pressure garments. Treatment for both children and adults is covered by provincial health plans.

Prior to the launch of the Calgary clinic, says McPhalen, "it was very hard for physicians to find specialists with interest and expertise. They would get bounced around . . . or go to the US."

"No one knew where to go," adds Brothers. "Now we have clinics in Boston and Little Rock [Arkansas] referring Canadian kids back to us."

Information is available from the Vascular Birthmark Clinic at the Alberta Children's Hospital, 403 229-7308 or 403 571-3145. The Vascular Anomalies Program at the Arkansas Children's Hospital has an excellent Web site, [www.birthmarks.org](http://www.birthmarks.org).

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