



SDI Review Form 1.6

Journal Name:	Asian Oncology Research Journal
Manuscript Number:	Ms_AORJ_39480
Title of the Manuscript:	INFANTILE HAEMANGIOMA IN A 'BEARD' DISTRIBUTION: A CASE REPORT
Type of the Article	Case Study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments		
Minor REVISION comments		
Optional/General comments	In this article the authors described a case report about a 10 week-old baby girl admitted into the emergency paediatric unit of the Federal Medical Centre Azare, Nigeria with a 3-week history of a skin lesion initially noticed as a flat discoloured area over the sternal region. It progressively spread to involve the anterior aspect of the neck and chin and became associated with progressive difficulty in breathing. Examination findings revealed a restless, acutely ill child with inspiratory stridor. She had purplish plaques in the areas mentioned above as well as the lower lip and ventral aspect of the tongue. She improved remarkably following oxygen, intravenous dexamethasone and oral propranolol administration and was discharged after 4 days of admission. Infantile haemangiomas are benign vascular neoplasms that have a characteristic clinical course marked by early proliferation and followed by spontaneous involution. Infrequently, infantile haemangiomas may impinge on vital structures provoking certain related symptoms. Airway obstruction is an uncommon complication and may be particularly challenging for young infants who are obligate nose breathers. Subglottic haemangiomas are also uncommon compared to the cutaneous forms and may be life threatening with attendant airway obstruction. This was the foremost concern in our patient. Nevertheless, she responded to 21 dexamethasone and propranolol.. It is essential to recognize the association of infantile haemangiomas presenting in a beard distribution with airway obstruction and promptly institute management of respiratory complications. . . This is an interesting, well-written case report.	Noted.