

# IHReS Infantile Hemangioma Referral Score

**Complications** (Ulceration, Visual compromise, Feeding difficulties, Stridor) or **potential risk of these complications**  Yes  No

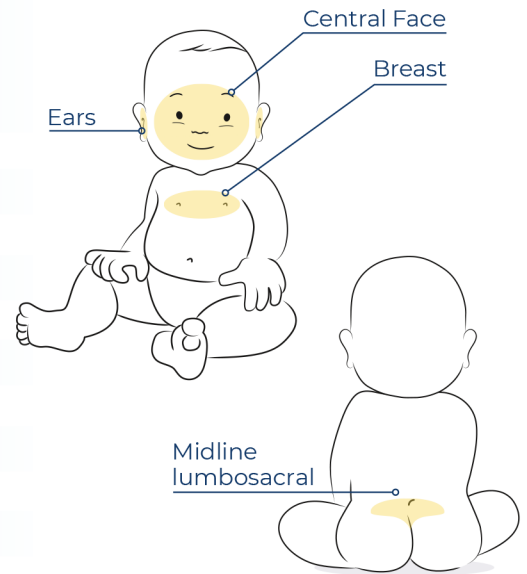
**Central face and ears**  Yes  No

**Breast** (in female)  Yes  No

**Midline lumbosacral**  Yes  No

**Size  $\geq 4$  cm** (focal or segmental)  Yes  No

**Number of hemangiomas  $\geq 5$**   Yes  No



**IF AT LEAST ONE OF THE PREVIOUS SITUATION IS TICKED "YES", THE PATIENT SHOULD BE REFERRED.**

**IF YOU TICK "NO" TO ALL QUESTIONS, COMPLETE THE TABLE ON NEXT PAGE.**

Note: In case of multiple IH, the score should be done for each IH.

**THE TOTAL SCORE IS THE SUM OF THE SCORES FROM EACH PARAMETER BELOW:**

| Parameters                                 | Items   |                           |                          | Score<br><small>Please consider only the highest score for each parameter</small>  |
|--|---|---------------------------|--------------------------|--|
| Location of Hemangioma                     | Other facial areas than those mentioned previously                                    | <input type="radio"/> Yes | <input type="radio"/> No | If Yes: 3 points<br><i>(if No: 0 point)</i><br><br><input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0 |
|  | Neck, Diaper area, Scalp  | <input type="radio"/> Yes | <input type="radio"/> No | If Yes: 2 points<br><i>(if No: 0 point)</i>  |
| Size of the biggest hemangioma             | $\geq 1$ cm on other facial area than those mentioned previously                      | <input type="radio"/> Yes | <input type="radio"/> No | If Yes: 3 points<br><i>(if No: 0 point)</i><br><br><input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0 |
|  | 2-4 cm on other body area than those mentioned previously                             | <input type="radio"/> Yes | <input type="radio"/> No | If Yes: 2 points<br><i>(if No: 0 point)</i>  |
| Current child age and Growth of Hemangioma | The infant is < than 2 months   | <input type="radio"/> Yes | <input type="radio"/> No | If Yes: 3 points<br><i>(if No: 0 point)</i><br><br><input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 0 |
|  | The infant is $\geq 2$ and $\leq 4$ months with an evident growth within last 2 weeks | <input type="radio"/> Yes | <input type="radio"/> No | If Yes: 2 points<br><i>(if No: 0 point)</i>  |
| <b>TOTAL</b>                               |   |                           |                          |  |

**SCORE  $\geq 4$ : PATIENT SHOULD BE REFERRED TO A SPECIALIST.**

**SCORE <4: PATIENT NOT TO BE REFERRED, SHOULD BE MONITORED. SCORE WILL BE DONE AT EVERY VISITE.**

*The final decision to refer the patient to an expert centre is up to the physician and the parents.*