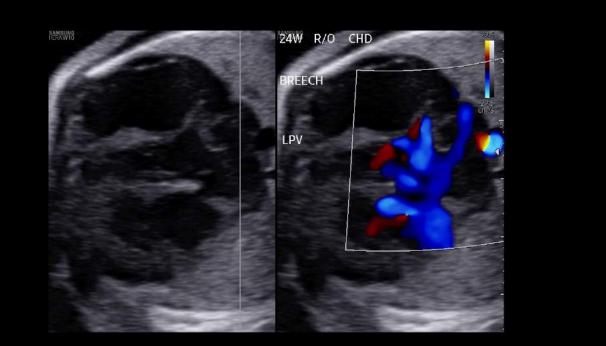
CASE 1: 24 weeks



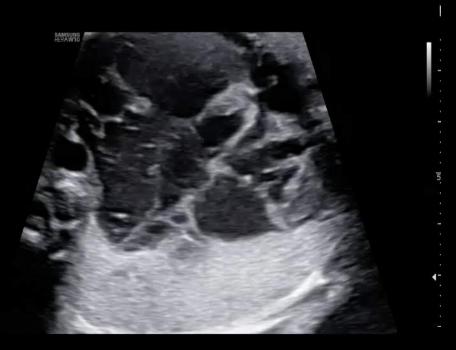


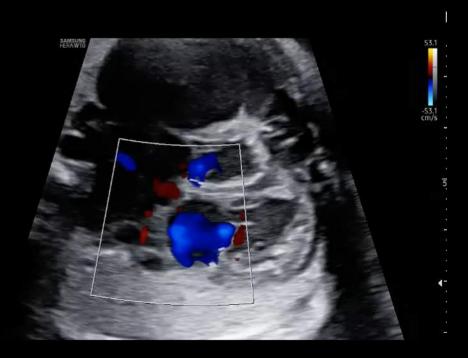


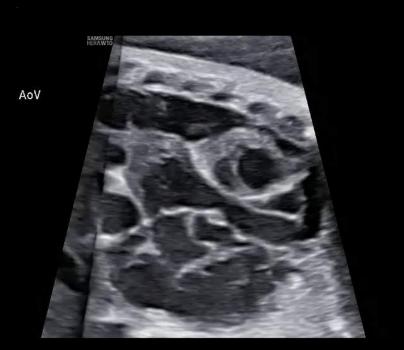


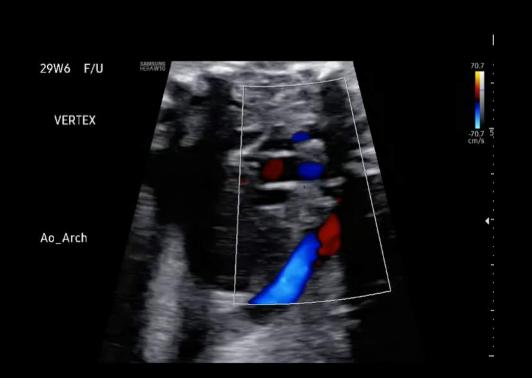
29 weeks

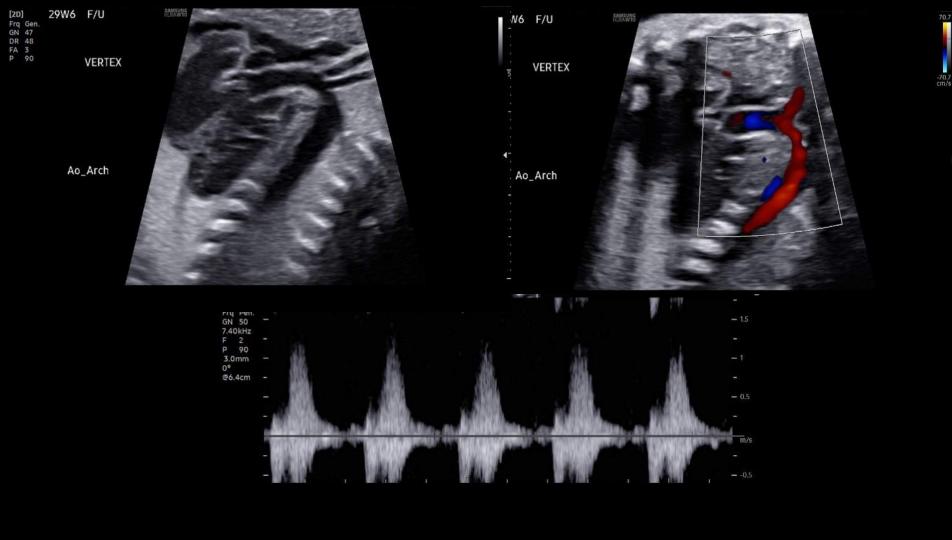


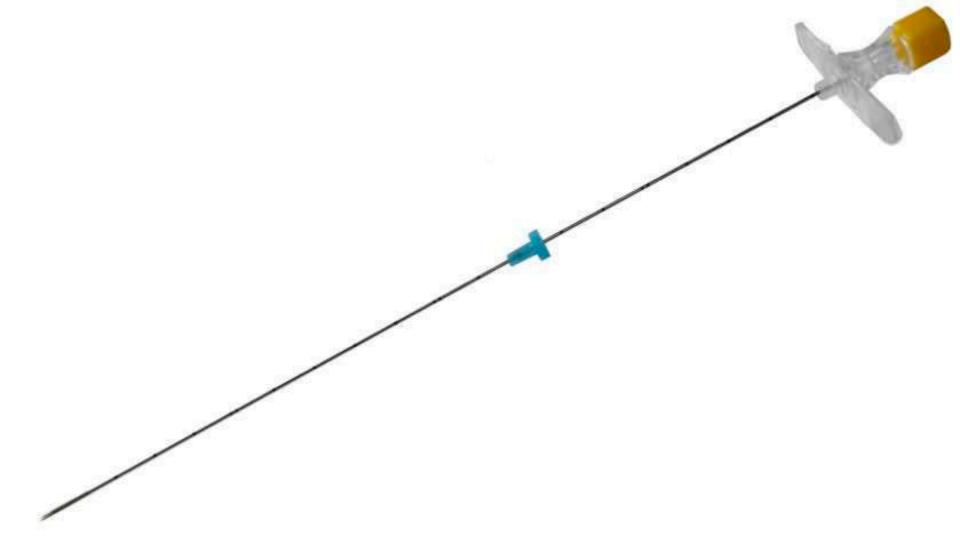
















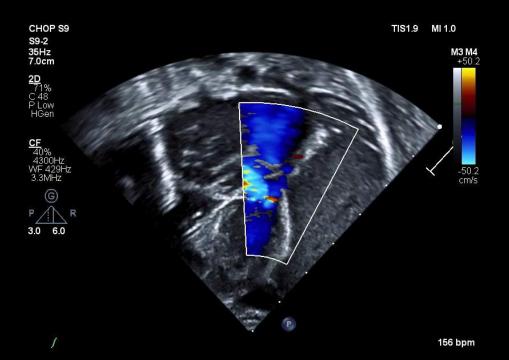


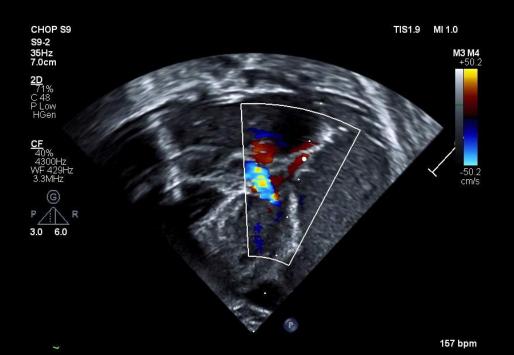


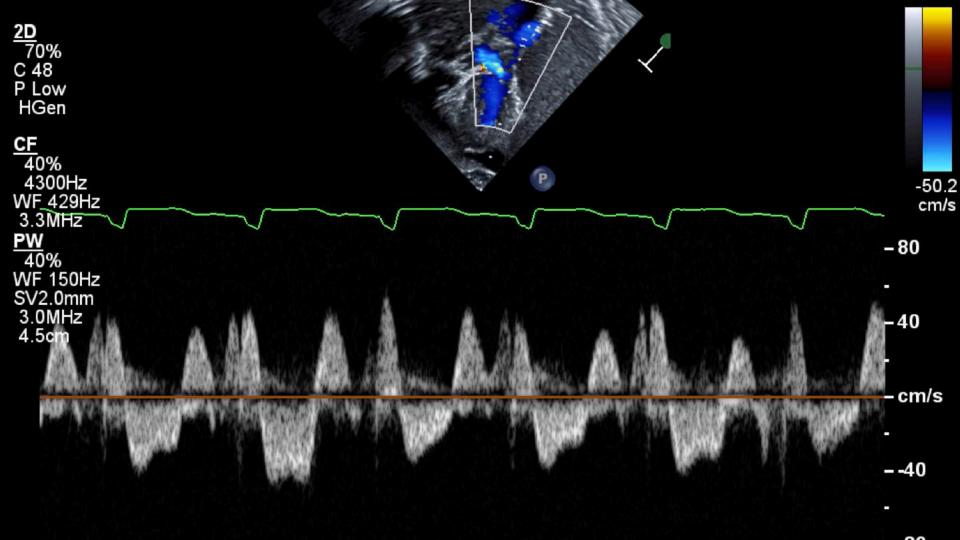


Postnatal ECHO













Denise Adams, MD is a pediatric hematologist-oncologist and Director of the Comprehensive Vascular Anomalies Program (CVAP) at Children's Hospital of Philadelphia. She holds the Alan R. Cohen Endowed Chair in Pediatrics.



Request an Appointment

Request a Second Opinion

DECT

MyChildren's Patient Portal Pay Your Bill Ways to Help

concerned with GI blebs, as they can bleed and cause anemia requiring iron supplements and blood

There is no single accepted treatment for blue rubber bleb nevus syndrome. Both GI and skin blebs can be treated with surgery or sclerotherapy. However, doctors typically leave blebs on the skin alone

unless they cause cosmetic problems, pain or, if located on the soles of the feet, difficulty walking.

Blebs can appear and grow throughout a child's lifetime, but those that are removed do not return.

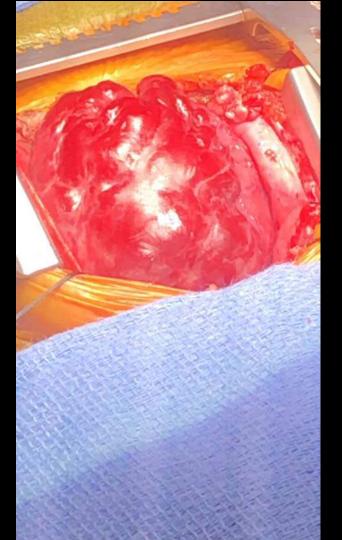
How we care for blue rubber bleb nevus syndrome

transfusions.

Careers at









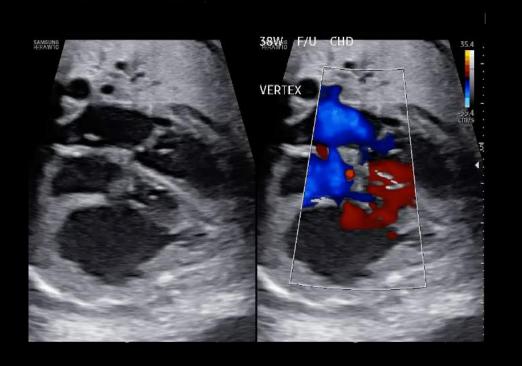
Test Requested: Somatic Overgrowth & Vascular Malformations Panel (v3)

Result Summary: POSITIVE Two Somatic Pathogenic Variants in TEK

Sample(s) Analyzed: 1: Genomic DNA isolated from blood 2: Genomic DNA isolated from Left foot frozen tissue sample 3: Genomic DNA isolated from Left foot FFPE sample

<u>Sample</u>	<u>Gene</u>	Nucleotide Position	Amino Acid Position	Variant Frequency	Classification
2	TEK	c.2690A>T	p.Tyr897Phe	10.3 - 12.5%	Pathogenic
2	TEK	c.2753G>A	p.Arg918His	9.9 - 13.7%	Pathogenic

CASE 2: Fetus @ 38 weeeks





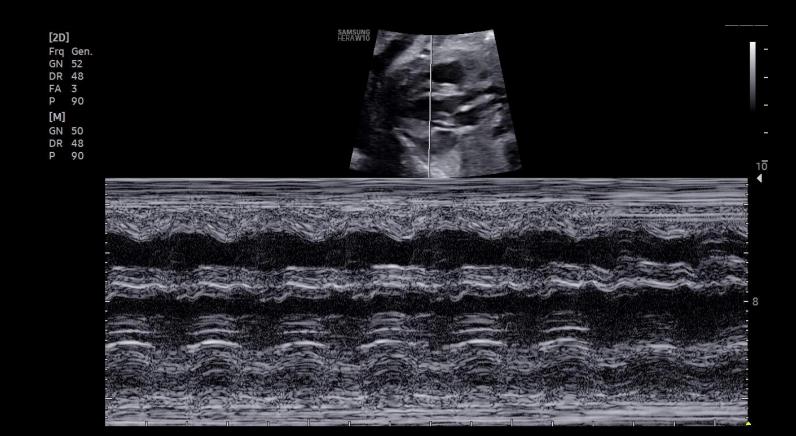


CASE 3









CASE 4: Presented @ 26 weeks







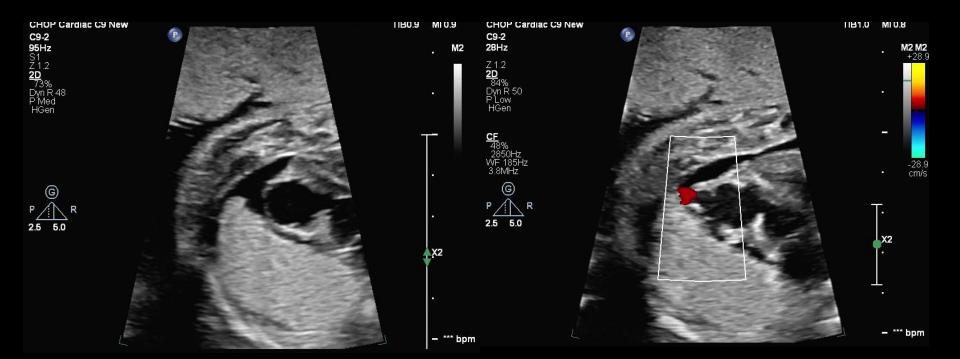
Back @ 29 weeks...











Back again @ 34 weeks









