



HAEMANGIOMAS AND VASCULAR MALFORMATIONS

SAFETY AND EFFECTIVENESS OF TOPICAL TIMOLOL FOR THE TREATMENT OF SUPERFICIAL INFANTILE HEMANGIOMAS IN PRETERM INFANTS

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BACKGROUND: Infantile hemangiomas (IHs) are the most common benign vascular tumors of infants.

Some children have normal skin after IHs' involution, while others have telangiectasias, atrophy, fibrofatty residuum or scarring. In addition, hemangiomas in high-risk anatomic sites may be associated with severe complications, requiring treatment. In these cases, therapy should be started before the period of most rapid growth (5-8 weeks).

Although preterm patients have the highest risk of side effects, evidences in preterm infants for IHs treatment are lacking.

According to the present data, oral propranolol has demonstrated its safety and effectiveness for IHs also before 5 weeks of age but serious adverse events seem to occur with higher incidence in preterm and very young infants.

Furthermore, when the treatment of IHs is preferable but not justify systemic therapy, topical timolol remains the better option. It offers good outcome in superficial and localized IHs, however tolerance and adverse events are debated and related to the dose and to the age of administration.

We report our experience of a group of preterm babies treated with topical timolol.

OBSERVATION: 3 preterm female babies (PMA <36 weeks, weight <2.5 kg) with localized and superficial IHs were treated with topical timolol 0,25% and then 0,5%, twice a day with a dosage proportional to their weight. Lesions were located on the face or on the leg. Treatment started few days after birth and was prolonged for some months. A cardiologic visit was performed before treatment administration and the vital signs were monitored at the beginning and during the therapy.

We observed high response rate in course of follow up in all the patient. No adverse events occurred during the treatment.

KEY MESSAGE: Our experience supports data on the safety and effectiveness of using topical timolol for the treatment of superficial IHs in preterm infants.

