ABSTRACT BOOK ABSTRACTS



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PAEDIATRIC DERMATOLOGY

TOPICAL BETA-BLOCKERS ALONE OR IN COMBINATION ARE EFFICACIOUS FOR THE TREATMENT OF CUTANEOUS INFANTILE HEMANGIOMAS - A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Beta-adrenergic blockers have been used in treating infantile hemangiomas (IH), and are often compared with existing IH therapies. This systematic review included RCTs of topical beta blockers (TBBs) for IH.

Objective: To evaluate the efficacy and safety of TBBs in the treatment of cutaneous IH in infants and young children, compared to no intervention or observation, placebo, laser, topical or oral steroids, or oral, intralesional and intravenous beta-blockers

Methods: We utilized the Cochrane highly-sensitive search strategy for MEDLINE (1966 to August 2018), TRIP database, ClinicalTrials.gov, and HERDIN. We searched for unpublished trials, grey literature, did internet and hand searches, and contacted authors. We included RCTs comparing TBBs with various controls in treating IH, among infants and children five years and below. Primary outcomes were visual improvement at least 50%, and excellent to complete resolution, of IH. Secondary outcome was adverse events. Two authors independently reviewed the studies, extracted data and assessed quality. Meta-analysis was done as appropriate.

Results: From an initial 683 records, ten and nine studies qualified for qualitative and quantitative analysis, respectively. Six hundred forty five (645) participants (69% female and 31% male) were included, with ages 1.25 to 24 months. For visual improvement of at least 50%, TBB showed tendency toward non-improvement when compared to oral beta-blocker. When control was not an oral beta-blocker, TBB showed benefit when used alone (RR 0.34, CI 0.06 to 1.80) or in combination (RR 0.24, CI 0.07 to 0.79). For excellent to complete resolution, TBB showed efficacy when compared to a non-oral beta blocker control (RR 0.82, CI 0.69 to 0.97). Benefit was in favor of TBBs for adverse events, but this was inconclusive.











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Conclusion: TBBs alone or in combination were better than all other controls except oral beta-blocker, for all outcomes measured, with favorable adverse event profile.



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