



PAEDIATRIC DERMATOLOGY

TOPICAL RAPAMYCIN FOR THE TREATMENT OF UNCOMPLICATED TUFTED ANGIOMAS/KAPOSIFORM HEMANGIOENDOTHELIOMAS IN TWELVE CHILDREN

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Background: Kaposiform hemangioendothelioma (KHE) and tufted angioma (TA) are rare tumors mainly occurring in early childhood. They share some common clinical and histological features and now regarded as part of the same tumor spectrum. In recent years, the mammalian target of rapamycin (mTOR) inhibitor, systemic sirolimus (also known as rapamycin), is increasingly used in treatment of TA and KHE having (KMP). But there are relatively little experiences for the use of topical mTOR inhibitors in patients, especially for the TA and KHE patients without complications. So the purpose of our study was to evaluate responses of the twelve children with TA and KHE without complications.

Observation: All patients enrolled in this study had a definite clinical diagnosis of TA and KHE without KMP according to the clinical presentation and histopathology. All participants were treated with 0.1% or 0.5% topical sirolimus twice daily (One gram of sirolimus standard powder (lot number: YNSN1501401, North China Pharmaceutical Group Shijiazhuang, Hebei, China) was compounded with 1,000 g of petroleum jelly after it was ground to 80 mesh). The efficacy was evaluated by the three features of lesions: color, tenderness of lesions and the pain sensation. After 48 weeks treatment, 10/12 patients' texture were improved, Nine of them had obvious softer texture, but the improvement of color and size of lesions less than the texture. Improvement was noted 2 months after therapy was initiated, with resolution of texture obviously. 5/12 patients had obvious improvement, that was the subcutaneous nodules disappeared almostly, the color became light and the pain sensation complete disappearance, meanwhile the size of lesions did not increase for all of the five patients.

Key message: Topical rapamycin can be as a effective and safety choice in the treatment of uncomplicated TA/KHE in the future.

