



HAEMANGIOMAS AND VASCULAR MALFORMATIONS

TOPICAL TIMOLOL MALEATE 0.5% LOTION IN MANAGEMENT OF SUPERFICIAL INFANTILE HEMANGIOMA: STUDY OF 50 CHILDREN

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Introduction: Infantile hemangiomas are benign vascular tumors with a characteristic growth pattern of rapid proliferation and slow regression over years. Though many of the superficial hemangioma and small facial hemangioma are self limiting they can exhibit significant residual lesions. Oral propranolol has been recommended as a first line of therapy in management of hemangioma. To prevent potential side effects of oral propranolol, topical beta-blockers has been applied in treatment of superficial hemangiomas.

Objective: To assess the efficacy of topical timolol maleate 0.5% lotion in the management of superficial hemangioma

Materials and Methods: All children aged less than 1 year diagnosed with small superficial infantile hemangioma (1-2 lesions) presenting at department of pediatric dermatology at our institute between the period January 2015 through December 2017 was included in the study. Exclusion criteria included heart defects, history of previous treatment, ulcerated, mucosal and subcutaneous hemangioma. All the demographic details and clinical features were included in a proforma. Topical timolol maleate 0.5% ophthalmic solution was applied on the lesions three times per day. Serial photographs were taken.

Results: Among the 50 children studied, 30% improved by 6 months, 60% had significant improvement by 1 year. By the end of 1.6 years 70% had near resolution leaving only residual scars. Six children had improved only by 40%. 10% (5 children) did not respond to the therapy. All these hemangioma were located on head, neck and trunk. There were no local or systemic side effects in any of the children.

Conclusions: Our study provides supportive evidence and experience in treating small superficial hemangioma with topical timolol with satisfactory results. Treatment beyond the proliferative phase can give rise to minimal residual scars which can be managed later on by surgical reconstruction.

