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Propranolol for Infantile Haemangiomas: Patient Information:

Haemangiomas and Propranolol treatment.
Haemangiomas are usually known by their bright red strawberry-like appearance in early infancy. They appear in the first few weeks of life and grow for up to 6-9 months. Haemangiomas can be superficial (bright red and surface), deep (a bluish swelling) or mixed.

They grow rapidly in the first three months, increasing in size and sometimes in redness. It is unusual for haemangiomas to grow after six to ten months of age, when most haemangiomas tend to have a 'rest period' and then begin to shrink.

Most haemangiomas do not cause any problems and do not require treatment; however a small percentage, have the potential to do harm.

Occasionally the skin surface can ulcerate (develop a sore). When this happens they can become painful and can bleed, particularly if knocked or infected. This is most common with haemangiomas in the nappy area and on the lip but can happen with any haemangiomas.

Are there any serious complications?
Sometimes haemangiomas can threaten to block vital structures such as:
- **Eyes:** A haemangioma closing the eye or even pressing on the eye in the early weeks of life can produce a permanent visual impairment.
- **Mouth / Lips / Nose:** Large haemangiomas around the mouth or lips or nose can lead to breathing difficulties while the child is being fed.
- **Airway:** Haemangiomas over the lower cheek and chin (often called the beard distribution) can block the airway.

What is the cause of haemangiomas?
The cause of haemangiomas is unknown but there is thought to be a relationship with the placenta.

What is Propranolol?
Propranolol is a beta-blocker medication which has been available for many years, mostly used in children with heart problems and adults with high blood pressure. It has three methods of action; it constricts the blood vessels, reduces growth factors which are making the blood vessels divide and it accelerates the 'going away' process in older children.

Are there side effects with Propranolol treatment?
Propranolol is mostly tolerated very well but side effects can occur. You should report any of the following to your doctor as the dose of Propranolol may need to be altered or, on very rare occasions, stopped.
- Bradycardia (slow heart rate).
- Hypotension (low blood pressure).
- Bronchospasm (temporary narrowing of the airway, leading to wheezing and coughing).
- Peripheral vasoconstriction (reduced blood flow to the extremities, such as fingers and toes, making them feel cold and turn a blue colour.
- Weakness and fatigue, showing as floppiness and disinterest in surroundings.
- Sleep disturbance.
- Hypoglycaemia (low blood sugar).

If you have any concerns about these side effects, please discuss them with your doctor.

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What is the dosage and administration?

- Baby will start on 1.5mg/kg/day which is divided into 2 or 3 doses per day.
- Space these doses as much as possible but you don't have to wake the baby.
- It is best to give it at the same time as a feed.
- After 48 hours of commencing propranolol the dose will increase to 2mg/kg/day.
- If baby vomits following the medication do not repeat the dose but give when it is next due.
- If a dose is accidently omitted (forgotten) do not try to catch up the dose but give the next dose as usual when

How often do we need to follow-up?

- Once commenced on treatment, you will return after 1 week, then 4 weeks, then 3 monthly.
- This will vary on individual circumstances.

How long does my baby need to stay on the medication?

- It is usually weaned around 12-14 months of age.

Will the haemangioma come back?

- We watch closely in the weeks after treatment has been ceased, as sometimes the haemangioma will increase in size.
- This is usually barely noticeable but occasionally the medication needs to be started again.