

FC12 Wound Healing and Miscellaneous

FC12.5 - Early treatment of haemangioma in childhood using intense pulsed light

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Aims: "Wait and see" is the most heard suggestion of paediatricians when parents present a child with haemangioma. However, the spontaneous regression needs many years and is not complete in the majority of cases. Early treatment might change the course of regression. Beside pulsed Nd:YAG lasers for external or intralesional applications pulsed dye lasers had been shown to be effective in thin and light red haemangioma. As intense pulsed light sources (IPLS) have bigger treatment areas per shot and emit longer wavelength with deeper penetration, we investigated the use of IPLS to treat haemangioma in childhood.

Methods: All newborn babies presenting a haemangioma within the first year of life and with the consent of their parents were treated with an IPLS (Ellipse Flex, VL applicator, 555-950 nm, Danish Dermatologic Development, Denmark). After topical anaesthesia with EMLA creme the area of the haemangioma was treated once with single shots with no or minimal overlap. Repeated treatments in monthly intervals were continued until either satisfying resolution or loss of compliance.

Results: During 3 years 25 children (7 m/ 18 f) with 30 haemangioma were treated. In average the treatment was started at the age of 6.5 (1-43) months and finished by the age of 10.1 months (2-48). After 3.7 treatments with an average of 3 pulses per session a satisfying regression (clearing and reduction of volume) was achieved in 16 of 20 children being followed up so far. In most cases treatment had to be stopped because of loss of compliance. 3 haemangioma didn't show regression, 1 child gave up after one treatment. None of these 20 children had any longer lasting side effects as scars or pigmentary changes.

Conclusions: These results encourage to change the attitude for treating haemangioma from "Wait and see" to "Treat and clear within the first year!".