Diagnosis and management of infantile hemangioma

Record Status
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Citation

Authors' objectives
To systematically review evidence addressing the diagnosis and management of infantile hemangiomas (IH).

Authors' conclusions
Our review for contextual questions described a range of indications for referral and suggested support for a higher index of suspicion of extracutaneous IH in children with multiple cutaneous lesions or facial lesions in a beard distribution. Corticosteroids demonstrated moderate effectiveness at reducing IH size/volume (moderate SOE for improvement in IH with oral steroids compared with observation/placebo; low SOE for intralesional steroids versus observation/placebo; moderate SOE for association with clinically important harms). Propranolol had high SOE for effects on reducing lesion size compared with observation/placebo. Clearance of IH was greater in propranolol arms compared with placebo/observation and active comparators in most studies. Meta-analysis indicated high mean rates of IH clearance with oral propranolol (95%, 95% BCI: 88%-99%) and moderate rates for steroids (43% to 58%, with wide BCI; moderate SOE for effects of propranolol compared with steroids). Beta-blockers and steroids also may cause clinically important harms (moderate SOE for association of oral propranolol with harms). Laser studies generally found PDL more effective than other lasers, but effects remain unclear (insufficient to low SOE for effects of laser types on IH clearance; moderate SOE for association of PDL with skin pigmentation changes; low SOE for association with pain). Data were inadequate to address the role of imaging in guiding treatment (insufficient SOE).

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Address for correspondence
AHRQ, Center for Outcomes and Evidence Technology Assessment Program, 540 Gaither Road, Rockville, MD 20850, USA Email: AHRQATAP@ahrq.hhs.gov
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