

## Letter to the Editor

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# Propranolol for infantile haemangiomas: initiating treatment on an outpatient basis

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Dear Editor,

I read the article entitled “Propranolol for infantile haemangiomas: initiating treatment on an outpatient basis” published in *Cardiol Young*<sup>1</sup> with great interest. I absolutely agree with the authors’ opinion and the conclusions of the retrospective study: most of the patients with infantile haemangioma can be safely and effectively treated on an outpatient basis; other expensive testing is unnecessary during pre-treatment screening when physical examinations including an electrocardiogram and an echocardiogram are normal.

We have treated more than 150 patients with infantile haemangioma in the head and neck region at our institution since October 2008. Initially, the patients were hospitalised for 7–10 days; they continued medication at home and revisited every 2 weeks.<sup>2</sup> Owing to the safety of the treatment modality and the patients’ good tolerance, all patients referring to our institution are now treated at the outpatient clinic. When a baseline evaluation including a blood test, an electrocardiogram, and an echocardiogram is normal, propranolol (10 mg/tablet) is prescribed to the parents. The parents are instructed in detail on how to administer the drug to the child and what and how to monitor in the child after medication; they were also advised to visit the doctor regularly.

One concern is the larger dose the authors used in the study (3 mg/kg/day). Low-dose propranolol is effective and safe for treating problematic proliferating infantile haemangioma.<sup>3</sup> Most physicians recommend a target dosage of 2 mg/kg/day in divided doses, although the appropriate dose and dosing regimens are to be further explored.<sup>4</sup>

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