Re: Propranolol for infantile haemangiomas: Early experience from a tertiary center

Dear Editor,

We read with interest the article by Pandey *et al*.,[1] on the use of propranolol in patients of haemangioma. It is indeed a common problem of much concern to the parents of the affected child. Since its first use in 2008,[2] the use of propranolol has increased by leaps and bounds, mostly claiming good response.

The peculiarity of this particular study appears to be its use in non-involuting congenital haemangioma (NICH), which had not been mentioned previously. We believe that the response to propranolol of NICH should have been studied separately. Almost all studies have evaluated the role of propranolol for infantile haemangioma (IH). NICH has not been found to be responsive to propranolol.[3] Thus, this study appears to be having a basic flaw in its design.

The response to the treatment does not clearly state whether the non-responders were of NICH or IH. Besides this, there has been no classification of haemangiomas into superficial, deep and mixed type. Mostly, it is the superficial type, which responds to treatment.[4] Whether propranolol produces same results in all types is not clear. Though there is some description that superficial lesions responded better than the other haemangiomas, it has not been supported by statistical analysis. What we have noticed is that propranolol is better suited for superficial type rather than other haemangiomas.

Although the authors have carefully looked for the possible complications of propranolol by clinical and biochemical evaluation, there has been no mention of serum potassium levels, which have been reported to be deranged in case of propranolol use in form of hyperkalaemia.[5]

The response in ulcerated haemangioma is also not very clear. Was propranolol the only treatment used or was it a combination? This needs some elaboration in this study.

We believe that the conclusions, as stated by the authors, do not match, especially for NICH. There has been a confusion as the title indicates use of propranolol for IH whereas the study includes NICH as well.

It would be great if the authors share their views about our concerns.

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