



Propranolol for Infants with Hemangioma: Confusion between Beta Agonists and Beta Antagonists

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Confusion between Beta Agonists and Beta Antagonists

A recent editorial [1] looked at the use of propranolol in the treatment of cosmetic infantile hemangiomas. The editorial includes the statement: "A wealth of studies in humans indicates that prenatal beta blockade induces long-term neurological complications including impaired school performance, cognitive impairment, and psychiatric disorders". This statement has alarmed some parents of infants taking propranolol. However, this statement is incorrect.

Two references for this statement are given [2,3] but neither is relevant. The paper by Feenstra [2] is about rats, not humans. The paper by Pitzer et al. [3] discusses beta-agonist use, not beta-antagonist use. It does not report any long term effects of either prenatal or postnatal beta-blockade in humans [3]. In infants treated with propranolol, the extensive anecdotal data and limited controlled study

data currently available show no evidence of long term deleterious effects [4].

References

1. Bryan BA (2013) Reconsidering the Use of Propranolol in the Treatment of Cosmetic Infantile Hemangiomas. Angiol 1: e101.
2. Feenstra MG (1992) Functional neuroteratology of drugs acting on adrenergic receptors. Neurotoxicology 13: 55-63.
3. Pitzer M, Schmidt MH, Esser G, Laucht M (2001) Child development after maternal tocolysis with beta-sympathomimetic drugs. Child Psychiatry Hum Dev 31: 165-182.
4. Moyakine AV, Kerstjens JM, Kouilil SSV, van der Vleuten CJ (2016) Propranolol treatment of infantile hemangioma is not associated with developmental risk or growth impairment at age 4 years. J Am Acad Dermatol 75: 00359-63.