

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Léauté-Labrèze C, Dumas de la Roque E, Hubiche T, et al. Propranolol for severe hemangiomas of infancy. *N Engl J Med* 2008;358:2649-51.

Table 1. Characteristics and Treatment of the 11 Patients in the Study.*

Variable	Patient No.										
Characteristic	1	2	3	4	5	6	7	8	9	10	11
Sex	M	M	F	F	F	F	M	M	F	F	F
Birth date	4/5/2006	9/29/2006	12/23/2006	9/12/2006	11/8/2006	11/28/2006	5/24/2007	2/9/2007	4/26/2007	7/9/2007	7/29/2007
Location of IH	Nose	Face (periorbital area and parotid gland) and upper limb	Face (periorbital area, parotid gland, and lip)	Face (periorbital and subglottic areas and parotid gland)	Periorbital area	Periorbital area	Face (inferior eyelid, cheek, and lips)	Periorbital area and forehead (two distinct areas)	Forehead	Forearm	Face (glabella)
Treatment											
Previous treatment with prednisolone											
Dosage (mg/kg/day)	3	3, then 5	2	2–3	None	None	None	None	None	None	None
Effect on IH	Stabilization	Continued growth	Stabilization	Stabilization, but relapse of dyspnea at each attempt to stop treatment							
Age at discontinuation (mo)	5.5	4	4	7							
Outcome	No regrowth	No regrowth	No regrowth	No regrowth							
Propranolol											
Age at initiation (mo)	4	2	2	6	2	6	2	4	4	2	2
Reason for treatment	Hypertrophic myocardiopathy	Increased cardiac output									
Dosage (mg/kg/day)	3	2	2	2	2	2	2	2	2	2	2
Regression of IH											
Visual assessment	Yes	In volume and color	Yes	Yes	Yes	In color and thickness	In color and thickness	In color and thickness	In color and thickness	In color and thickness	In color and thickness
Ultrasound findings†					At D7 of treatment; decrease in size (21 mm vs. 32 mm in diameter and 6 mm vs. 12 mm in thickness), at 60 days, no subcutaneous component visible	150 days after initiation of treatment, decrease in thickness (10 mm vs. 14 mm) and resistive index, (0.6–0.7 vs. 0.5–0.6)				60 days after initiation of treatment, decrease in thickness (6 mm vs. 9 mm) and resistive index (0.6–0.7 vs. 0.5)	60 days after initiation of treatment, decrease in thickness (4 mm vs. 10 mm)
Other effects		Spontaneous eye reopening without amblyopia	Eye reopening	Improvement of dyspnea: disappearance of subglottic hemangioma on nasofibroscopy)							
Age at discontinuation (mo)	14	9	12	14	9	11	6	8	7	8	Ongoing
IH status at discontinuation	Stable	Mild recoloration, no regrowth	Stable (mild recoloration and regrowth when propranolol stopped at 9 mo)	Mild recoloration and regrowth	Mild recoloration	No relapse	Stable	No relapse	Mild regrowth	Stable	Ongoing
Age at last follow-up (mo)	18	18	14	15	16	11	10	8	7	8	8
IH status at last follow-up	Regression in color, no regrowth	Regression in color, no regrowth	Regression in color	Stable	Regression in color	Regression in color and thickness	Regression in color	Stabilization	Stabilization	Regression in color and thickness	Regression in color and thickness

* Stabilization was defined as the absence of clinical growth in the hemangioma and the absence of significant regression. The resistive index = (peak systolic velocity – diastolic flow) ÷ peak systolic velocity. During the growth phase of a hemangioma, the resistive index is low, and it increases during the involuting phase. IH denotes infantile hemangioma, and NA not available.

† Ultrasound findings were not available for all patients.