Tätigkeitsbericht der Arbeitsgruppe Pädiatrische Dermatologie der ÖGDV 2014

Teilnahme an Kongressen und Fortbildungen 2014

ESPD in Kiel Juni 2014

Vorträge
Dermatologische Abteilung Donauspital
"Infections of the neonate." Beatrix Volc-Platzer
"Exanthemas in the emergency setting." Beatrix Volc-Platzer
"Idiopathic facial aseptic granuloma. Case report." Günther Rainer

Univ. Hautklinik Graz
"Teledermatologie und Kinderdermatologie." Rainer Hofmann-Wellenhof.

Univ. Hautklinik Salzburg
"Epidermolysis bullosa. New Treatment Options." Johann Bauer

Poster
Dermatologische Abteilung Donauspital Wien
"A prospective study of epidemiological data and clinical course of infantile hemangioma." Miroslav Skrobal et al.
"Erythematous temporal tumor as solitary cutaneous manifestation of precursor B-cell lymphoblastic leukemia in a 4-year-old girl." Günther Rainer et al

Univ. Hautklinik Wien
"A new mutation of the emopamil binding protein (EBP) gene in a girl with Conradi-Hünerman-Happle syndrome." Sonja Radakovic

Univ. Hautklinik Graz
"Herpes zoster in the first year of life." Barbara Binder

Univ. Hautklinik Innsbruck
"Autosomal dominant keratosis follicularis spinulosa decalvans." Robert Gruber

5. Kinder-Haut-Tag 24.-25-Oktober im Billrothhaus in Wien

Der Kinder-Haut-Tag hat sich in den letzten Jahren gut etabliert, und wird von der AG Pädiatrische Dermatologie der ÖGDV und dem Karl-Landsteiner-Institut für Kinderdermatologie gemeinsam mit der Österreichischen Gesellschaft für Kinder-und Jugendheilkunde(ÖGKJ) veranstaltet. Der Kinder-Haut-Tag hat sich in den letzten Jahren zu einem fixen Bestandteil der interdisziplinären Fort-und Weiterbildung auf diesem Gebiet entwickelt.
Besucherzahlen: 3. KHT (2012) 193
4. KHT (2013) 212
5. KHT (2014) 237

Homepage
www.kinder-haut-tag.at

Initiativen Neurodermitisschulung und Neurodermitistrainerausbildung

Die Neurodermitisschulung wird seit einigen Jahren zunehmend in mehreren Bundesländern angeboten und gut angenommen, z. B. am Donauspital in Wien (zusammen mit dem Karl-Landsteiner-Institut für Kinderdermatologie),am AKH in Linz, in der Hautarztpraxis Dr. Kobalter in Kärnten, an den Universitätshautkliniken Innsbruck, Graz, u.a.

Ab dem nächsten Jahr kann die Ausbildung zum/r NeurodermitistrainerIn wieder in Österreich angeboten werden. In einer gemeinsamen Initiative des Präsidenten der ÖGDV, Erwin Tschachler, der Leiterin der AG Beatrix Volc-Platzer und der Firma La Roche Posay ist es gelungen, einen Fördervertrag zur Unterstützung der Neurodermitistrainerausbildung abzuschließen.

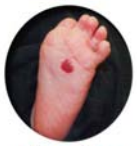
Hämangiomprojekt mit Unterstützung der ÖGDV

Das Projekt ist abgeschlossen. Derzeit ist die Publikation in Vorbereitung. Abstrakt mit den Ergebnissen anbei.

Geplante Aktivitäten

- 6. Kinder-Haut-Tag(e) am 16. und 17.Oktober in Wien
- Neurodermitistrainerkurse in Wien und/oder Linz mit Anmeldung über die WMA (Frau Knob)

gez.
Prim. Univ. Prof. Dr. Beatrix Volc-Platzer
AG Pädiatrische Dermatologie der ÖGDV



INFANTILE HEMANGIOMA

A prospective study of epidemiological data and clinical course of infantile hemangioma

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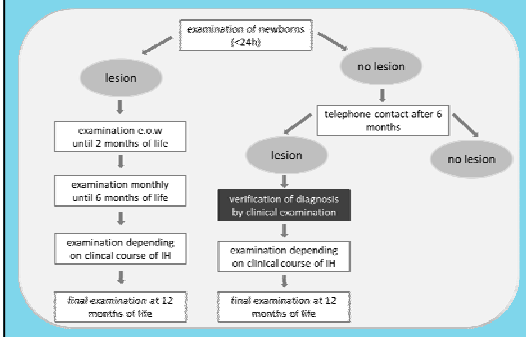
and [2] Karl Landsteiner Institut for Pediatric Dermatology, Vienna, Austria

M. Skrobal [1,2]; L. Haderer; Y. Preiml [1,2] ; K. Harmankaya [1,2] ; B. Mayer; C. Wolber; B. Volc-Platzer [1,2]

INTRODUCTION

Informations for epidemiologic data on incidence, course, risk factors and/or treatment outcome of infantile hemangiomas (IHs) are mainly derived from retrospective studies of small populations. In this prospective study, with 1755 newborns in our tertiary referral hospital, we evaluated prevalence, incidence, risk factors and different treatment outcomes.

METHODS



With parents' informed consent 1755 children born between July 2011 to June 2012 were included. Children were followed within the first year of life for occurrence of IHs. Dependant on size, speed of progression and localization of IHs, management strategies were either observation with repeated clinical controls, treatment with Dye-laser, systemic propranolol, topical timolol or cryotherapy.

RESULTS

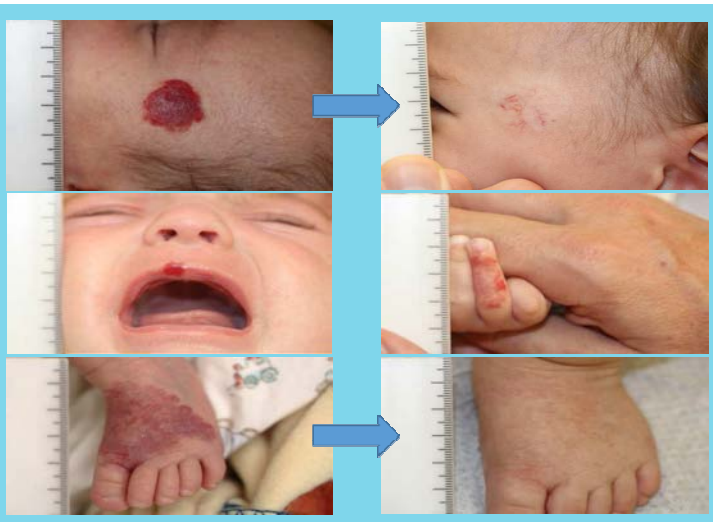
Of 2036 children born over a one year period in our hospital, we were able to include 1755 (86%) in our database: 48% females, 52% males.

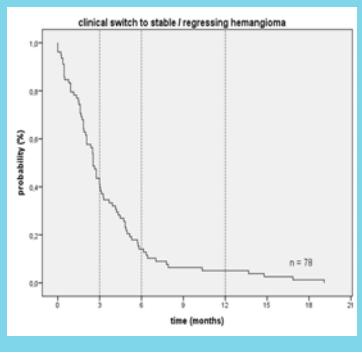
We found 154 IHs or precursor-lesions in 113 children, which marks a prevalence of 6,4%, with a tendency towards females (54% females, 46% males).

IHs were located most frequently on the trunk (48,1%), followed by extremities (33,8%), head and neck (18,2%). In 12,3% IHs were located in risk areas such as fingers, toes, nose, lips or genital area. Most of the children had one IH (77%), 18 children 2 IHs (16%) and 8 children had three or more IHs (7%). Prevalence was higher in multiple pregnancies (12,5%) versus single pregnancies (6,1%) and, furthermore, appeared inversely correlated with time of birth. Children's weight was inversely correlated with the numbers of IHs per child.

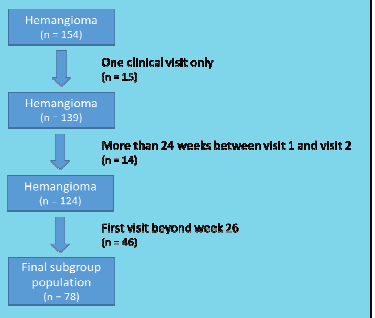
100 IHs (64,9%) were followed by clinical observation without any therapeutic interventions. 41 IHs (26,6%) received monotherapy, and 13 IHs (8,4%) combined therapy because of insufficient response or progression of growth. The most frequently used therapeutic option was DYE-laser (34 IH), followed by cryotherapy (18 IH), systemic propranolol (7 IH) and topical timolol (7 IH).

We were able to describe the course of progression and transition to stabilisation or regression for a group of 78 IHs. More than half of these IHs (59%) showed no further progression after the first 3 months of life. The vast majority (85,9%) showed no further progression after the first 6 months of life.





Flow chart for group selection:



CONCLUSION

In our well controlled cohort of 1755 infants, followed from birth through the first year of life, we found a prevalence of IHs of 6,5%. Risk factors appeared to be multiple pregnancies, premature birth, low birth weight and female sex. Furthermore, in our cohort more than 60% of IHs could be managed by observation only with active non-intervention, while less than 40% received specific treatments, individually tailored to patients´needs.

The growth data for IHs in our population show the need for close follow up of children with IHs within the first few weeks to months of life.