

INTISARI

Hemangioma infantil (HI) adalah tumor vaskular benigna yang banyak ditemukan pada anak, yang sampai saat ini patofisiologinya belum jelas diketahui. Pada HI meskipun tidak membahayakan kehidupan dan terkadang terjadi regresi spontan, namun kelainan ini mempunyai implikasi pada psikologis orang tua serta kosmetik anak. Terapi topikal HI biasanya menggunakan kortikosteroid ultrapoten. Namun dengan diketahuinya banyak efek samping kortikosteroid dan responnya yang kadang gagal, perlu alternatif terapi topikal lain. Solusio timolol maleat 0,5% merupakan suatu *beta bloker* non selektif, yang ternyata dapat menghambat proliferasi dan memicu regresi HI.

Tujuan penelitian ini adalah untuk mengetahui evaluasi terapi kortikosteroid topikal ultrapoten dan solusio timolol maleat 0,5% terhadap ukuran lesi hemangioma infantil superfisial. Desain penelitian ini adalah kohort retrospektif, melibatkan data 59 rekam medis dan fotografi dari pasien HI superfisial yang diterapi dengan kortikosteroid ultrapoten dan solusio timolol maleat 0,5% dalam kurun waktu 2009-2014 di RSUP. Dr. Sardjito, Yogyakarta.

Hasil penelitian menunjukkan perbandingan selisih ukuran aksis terpanjang HI diantara kedua kelompok. Terdapat perbedaan yang bermakna (kortikosteroid ultrapoten : -2,5 (-8,0 - 8,0); solusio timolol maleat 0,5% : 2,0 (-2,0 - 19,0); $p < 0,001$). Perbandingan selisih luas antara kedua kelompok juga didapatkan perbedaan yang bermakna (kortikosteroid ultrapoten : -19,4 (-65,6 - 44,6); solusio timolol maleat 0,5% : 19,1 (-67,2 - 517,4); $p < 0,001$).

Kesimpulan : Solusio timolol maleat 0,5% lebih baik dibandingkan kortikosteroid topikal ultrapoten terhadap pengurangan ukuran lesi hemangioma infantil superfisial.

Kata kunci : Hemangioma infantil superfisial, kortikosteroid ultrapoten, solusio timolol maleat 0,5%, selisih ukuran lesi HI superfisial

ABSTRACT

Infantile hemangioma (IH) is the most benign vascular tumor in children, which pathophysiology is still not well understood. However IH does not endanger the life and sometimes occur spontaneous regression, these abnormalities have implications on psychological parents and child cosmetics. Topical therapy for IH is usually used ultrapotent corticosteroids, but with many known side effects of corticosteroids and its response to IH regression that is sometimes fail, it need alternative other topical therapies . Timolol maleat 0.5% solution is a nonselective beta-blocker that was found to inhibit proliferation and trigger regression IH.

The purpose of this study was to evaluate topical ultrapotent corticosteroids and timolol maleate 0.5% solution therapy to superficial IH lesion size. The study design was a retrospective cohort, involving 59 medical records including photographic data from superficial IH patients treated with ultrapotent corticosteroids and timolol maleate 0,5% solution in the period from 2009 to 2014 in Dr. Sardjito General Hospital, Yogyakarta.

The results show comparisons between length axis difference of IH between two groups had a significant difference (ultrapotent corticosteroids: -2.5 (-8.0-8.0); timolol maleate 0.5% solution : 2.0 (-2.0-19.0); $p<0.001$). Other wise width difference of IH between two groups also found a significant difference (ultrapotent corticosteroids: -19.4 (-65.6-44.6); timolol maleat 0.5% solution : 19.1 (-67,2-517,4); $p<0.001$).

Conclusion: Timolol maleat 0.5% solution therapy was significantly superior as compare to topical ultrapotent corticosteroids on size reduction of superficial IH lesion.

Keywords : Superficial infantile hemangioma, ultrapotent corticosteroids, timolol maleate 0.5% solution, difference in size of superficial IH.