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Free communications (CO) and posters (P).

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*Paller A., Torn W., Lebwahl M. et Al. - *Two phase 3 studies in atopic dermatitis with crisaborole, the novel, non steroidal, topical, phosphodiesterase 4 inhibitor*. 13th ESPD Congress, CO04. Pediat. Dermatol. 33, S19, 2016.

A topical inhibitor of phosphodiesterase 4 (crisaborole), comes back in the treatment of children aged more than 2 years with mild to moderate atopic dermatitis.

*Mahon C., Alband NN. Kinsler V. - *Multiple infantile hemangiomas-who to screen for extracutaneous complications?* 13th ESPD Congress, CO12. Pediat. Dermatol. 33, S21, 2016.

According to the London group of Kinsler the number of 5 hemangiomas (H) to search for extracutaneous localizations is a wrong cut off; the risk of heart, liver and thyroid problems increases with the number of hemangiomas and, regardless of the number of H, even with prematurity. So all children should be investigated even with 2 H in presence of symptoms compatible with extracutaneous problems.

*Borriaud B., Triquet G., Nardin C. et Al. - *Hypothyroidism in the early phase of infantile hemangiomas*. 13th ESPD Congress, CO13. Pediat. Dermatol. 33, S21, 2016.

7 out of 42 children aged 2-3 months with hemangioma (H) presented hypothyroidism, in 3 cases decompensated hypothyroidism requiring treatment with L-thyroxine for 6-16 months until disappearance of hypothyroidism and regression of H. In 4 children there was compensated hypothyroidism that regressed within a few days without treatment. All children had normal thyroid function at birth and it was not possible to identify other causes of hypothyroidism. On the other hand, the latter is due to increased activity of triiodothyronine-deiodinase in children with H. Prematurity, low weight, low gestational age at birth and multiples H are significantly associated with hypothyroidism, while site and ulceration of H are not.

*Aband N., Mahon C., Glover M. et Al. - *A 17-year retrospective review of the incidence, diagnosis and outcomes of retinal pathology in infants with incontinentia pigmenti*. 13th ESPD Congress, CO28. Pediat. Dermatol. 33, S25, 2016.

Fluorescein angiogram (FA) and fundoscopy have a higher detection rate for retinal ischemia compared with standard fundoscopy alone. 5/26 infants with incontinentia pigmenti had abnormal fundoscopy at first ophthalmic consultation and required laser phocoagualtion or surgery. 21 infants had normal fundoscopy on their initial as-

sessment. Till 2014 13 of these 21 children were screened only with fundoscopy: 4/13 developed retinal detachement and one of them unilateral blindness. After 2014 8/21 children were screened with fundoscopy and FA. All the 8 infants showed peripheral retinal ischemia and required laser photocoagulation; 1 of the 8 infants had retinal detachment and unilateral blindness.

*Wlodek C. Kelly A., Shaw l. - *Primary erythromelalgia caused by an identifiable genetic mutation and treated with a targeted therapy*. 13th ESPD Congress, P18. Pediat. Dermatol. 33, S31, 2016.

A 6-year-old girl presented severe intractable erythromelalgia of the feet. Genetic analysis showed a mutation of the SCN9A gene codifying for a protein of the voltage-gated sodium channel family. She was effectively treated with the sodium channel blocker mexiletine 6 mg / kg 3 times per day.

*Kuo K.-L. Wang C.-W., Chung W.-H. - *The efficacy of omalizumab in patients of childhood onset atopic dermatitis with high serum IgE*. 13th ESPD Congress, P61. Pediat. Dermatol. 33, S44, 2016.

Omalizumab is a monoclonal antibody that binds to the high affinity FCεRI receptor of the IgE. Omalizumab was administerd at intervals of 2 weeks over 12 weeks in 9 subjects older than 14 years with severe atopic dermatitis and high IgE levels (>2,000 IU/ml). All patients continued their previous systemic treatment. According to the Authors, omalizumab can be used as a useful add-on treatment for moderate-to-severe atopic dermatitis.

*Tasani M., Glover M. - *Early use of sirolimus therapyfor infants and children with problematic kaposiform haemangioendothelioma and tufted hemangioma*. 13th ESPD Congress, P106. Pediat. Dermatol. 33, S56, 2016.

3 children with kaposiform hemangioendothelioma (2/3 with Kasabach-Merritt phenomenon) and 2 children with tufted angioma were successfully treated with oral sirolimus.

*Alexopoulos A., Thanopoulou A., Xaidara A. et Al. - *Atenolol treatment for severe infantile hemangioma: a single-centre prospective study*. 13th ESPD Congress, P107. Pediat. Dermatol. 33, S57, 2016.

The Authors studied the efficacy and safety of atenolol in 10 children with problematic hemangiomas, aimed at preventing the possible side effects of beta-blocker propranolol (hypoglycemia, bronchial hyperreactivity, possible neurodevelopmental effects due to lipophilic drugs that can cross the hemato-liquoral barrier).

Atenolol was administed once a day at a dosage of 0.5mg / kg per day the first week, 1 mg / kg the second week, till 2 mg / kg the third week. Atenolol induced a complete regression in 8/10 children and a partial regression in the other 2 children after a 6-9 month treatment. Minimal rebound effect was observed in 2/10 children within 2 months after the withdrawal of the treatment.

*Tasani M., Shaw L. - *Atenolol. A promising alternative therapy to propranolol for the treatment of infantile hemangioma*. 13th ESPD Congress, P109. Pediat. Dermatol. 33, S57, 2016.

According to recent studies, the treatment with a highly lipophilic drugs such as propranolol could be responsible for neurodevelopmental or cognitive side effects. 9 children who had withdrawn propranolol due to its side effects and 1 child with biparental history of asthma were treated with atenolol. All the children showed involution of hemangioma. In 1/10 cases atenolol was withdrawn due to sleep disturbance. According to the Authors atenolol is a valid alternative to propranolol with less likelihood of causing side effects.

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