

# CASE REPORT: PEDIATRIC PATIENT WITH RECURRENT APHTHOUS STOMATITIS TREATED WITH THALIDOMIDE

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## Background:

Multiple studies have demonstrated thalidomide's efficacy in numerous indications. Its use is controverted in adult population, in pediatrics the lack of experience makes it even more debatable.

## Purpose:

To describe the case of a patient pediatric patient with recurrent aphthous stomatitis (RAS) resistant to usual treatments and evaluate the efficacy / safety of the use of thalidomide (off-label)

## Material and methods:

Retrospective observational study of a pediatric patient with RAS that does not respond to conventional treatments (oral treatments: prednisone 30mg q.d., colchicine 0.5mg q.d. and topical treatments: viscous lidocaine 2% t.i.d. and clobetasol propionate t.i.d.). Treatment protocol: Ascending doses of thalidomide from 50mg q.d. to 50mg t.i.d. (oral suspension). Variables studied: population group, clinical situation, treatment possibilities for RAS and uses of thalidomide in children. The information was obtained from a review of the medical record and an exhaustive bibliographic search.

## Results:

The presence of oral ulcers compromised the patient's life quality and due to the ineffectiveness of conventional treatments, with prior legal guardians' authorization, treatment with thalidomide was started. The aphasic episodes decreased in frequency of appearance and severity. The observed adverse effects were drowsiness, hand tremor and pain in the extremities. After 15 months of successful treatment, neutropenia ( $0.9 \times 10^3 / \mu\text{L}$ , reference values  $2.2-7.5 \times 10^3 / \mu\text{L}$ ) triggered its discontinuation. After 4 months, the patient recovered from the adverse effects but the aphasic episodes continued, so treatment with colchicine 0.5mg / 24h and prednisone was started during acute episodes.

## Conclusion:

The use of thalidomide in RAS had an excellent result in the reduction of the oral ulcers, however the development of adverse effects lead to the immediate suspension of the treatment. A strict and periodic monitoring of the patients becomes crucial in pediatric population with this treatment.

## References :

Yang CS, Kim C, Antaya RJ. Review of thalidomide use in the pediatric population. *J Am Acad Dermatol J Am Acad Dermatol* 2015; 72:703–711

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