# Do vasoactive exposures and vascular events affect the development of hemifacial microsomia?

Martha M. Werler
Slone Epidemiology Center
Boston University



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# **HFM Study**

#### **Objectives:**

- 1) To identify vasoactive risk factors for hemifacial microsomia (medications, cigarette smoking, alcohol intake)
- 2) To identify other risk factors

# **HFM Study**

- 1997-2002
- Case control study
- Multicenter study 26 cities in U.S. and Canada

### Cases

- From craniofacial specialists
- Hemifacial microsomia, facial asymmetry, Goldenhar syndrome, oculoauricular vertebral syndrome
- < 3 years of age</li>
- Excluded chromosomal, Mendelianinherited cases

### **Controls**

- From case's pediatrician or similar practice
- < 3 years of age</p>
- Excluded subjects with malformations

### Data collection

- Mothers were interviewed within 3 years after delivery
- By telephone
- About demographic, reproductive, medical, and behavioral factors
- Detailed questions on medication use

### Vasoactive Medication Use

- Pseudoephedrine
- Phenylpropanolamine (PPA)
- Aspirin
- Ibuprofen

during the first ten weeks of gestation, when HFM likely develops

# Vasoactive exposures

#### Alcohol:

Heavy - ≥3 drinks on ≥3 days/week in 1<sup>st</sup> tri. Low - <3 drinks or <3 days/week in 1<sup>st</sup> tri.

Smoking:

any smoking

High - >10/day in 1st tri.

Low - 1-9/day in 1st tri.

• Amphetamine, cocaine in 1st tri.

### 'Vascular' Events

- Multiple gestation
  - twins or triplets
- Vaginal bleeding
  - 1st trimester, 2nd trimester
- Diabetes
- Hypertension

### **HFM Cases**

#### 248 eligible HFM cases

- 5 (2%) unable to contact
- 4 (2%) refused participation

#### 239 interviewed HFM cases

- 9 (3%) unconfirmed diagnosis

230 cases

### **Controls**

#### 912 eligible non-malformed controls

- 41 (5%) unable to contact
- 17 (2%) refused participation

#### 854 non-malformed controls

- 176 (21%) unmatched controls

678 controls

# Results: Vasoactive Medications

	HFM	Controls
Medication	N (%)	N (%)
Pseudoephedrine	43 (18.7)	82 (12.1)
PPA	5 (2.2)	8 (1.2)
Aspirin	14 (6.1)	24 (3.5)
Ibuprofen	28 (12.2)	50 (7.4)

# Results: Vasoactive Medications

Medication	Unadj. OR	Adj. OR (95 % CI)
Pseudoephedrine	1.7	2.0 (1.2-3.4)
PPA	1.9	0.8 (0.2-3.2)
Aspirin	1.8	1.5 (0.7-3.4)
Ibuprofen	1.8	1.7 (0.9-3.0)

# Results: Combined Vasoactive Medications

Medication Unadj. OR (95 % CI)

Vasoactive med use\* 1.7 1.9 (1.2-2.9)

\*Pseudephedrine, phenylpropanolamine, aspirin, or ibuprofen 72 cases, 145 controls exposed

# Results: Vasoactive Exposures

	HFM	Controls
Exposure	N (%)	N (%)
Alcohol - Low	81 (35.2)	272 (40.1)
- Heavy	4 (1.7)	3 (0.4)
Cigarette smoking	52 (22.6)	119 (17.6)
1-9/day	24 (10.4)	35 (5.2)
≥10/day	28 (12.2)	84 (11.9)
Cocaine/amphetam.	3 (1.3)	0 (0)

# Results: Vasoactive Exposures

Exposure	Unadj. OR	Adj. OR (95 % CI)
Alcohol ≥3,≥3d/w	3.7	6.2 (1.3-29.2)
Cigarette smoking	1.4	1.5 (0.9-2.3)
1-9/day	2.2	2.3 (1.2-4.4)
≥10/day	1.0	1.2 (0.7-2.1)

# Results: Vasoactive Medication and Smoking

		Adj. OR (95 % CI)	
Exposure	Unadj. OR		
Vasoactive med & no smoking	1.5	1.5 (1.0-2.5)	
Smoking & no vaso- active med	1.2	1.1 (0.7-1.9)	
Both*	2.9	4.2 (2.0-8.9)	

<sup>\*20</sup> cases and 24 controls exposed

# Results: Vascular Events

	HFM	Controls
Event	N (%)	N (%)
Multiple gestation	21 (9.1)	8 (1.2)
Diabetes	18 (7.8)	10 (1.5)
Hypertension	8 (3.5)	16 (2.4)
Vaginal bleed. 1st Tri	37 (16.1)	88 (13.0)
2 <sup>nd</sup> Tri.	8 (3.5)	2 (0.3)

# Results: Vascular Events

		Adj. OR
Event	Unadj. OR	(95 % CI)
Multiple gestation	8.4	10.5 (4.2-26.2)
Diabetes	5.7	6.0 (2.5-14.3)
Hypertension	1.5	1.2 (0.5-3.3)
Vag. bleed. 1 <sup>st</sup> Tri 2 <sup>nd</sup> Tri.	1.3 12.4	1.0 (0.6-1.6) 13.2 (2.3-75)

# **HFM Subgroups**

- Isolated
  - includes ear anomalies, vertebral anomalies, ocular dermoid, coloboma n=137
- Associated (HFM+) n=93
- Other vascular disruption defects (HFM+VDD) n=25

# HFM: Phenotypic variability

			HFM+
Event	Isolated	HFM+	VDD
Vasoactive med.	1.8	2.0	5.5
			(1.6-18.9)
Cigarette smoking	1.3	2.1	2.5
Multiple gestation	11.2	13.7	
Diabetes	3.1	12.6	3.5
Hypertension	1.5	1.2	
Vag. bleed. 2nd Tri	20.2	9.2	

# **Study Limitations**

- Study is not population-based
- Retrospective data collection
- Small numbers for some comparisons
- Phenotypic variability

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