

Cyclosporine and Clinical-Immunological Indices of Atopic Dermatitis Demodecosis

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ABSTRACT

Treatment of atopic dermatitis is a most challenging problem of dermatology. Essential role is allocated to immunotropic drugs in particularly severe cases. The aim of the work was to evaluate clinical and immunological parameters of atopic dermatitis during the treatment with cyclosporine. Observations involved 17 patients of both sexes, aged over 20 and suffering a severe form of atopic dermatitis, which resisted methods of traditional treatment. They were prescribed two receipts of cyclosporine daily, maximum dosage 2 or 5 mg/kg per day (200-400mg daily). This work showed that treatment of severe cases of atopic dermatitis with cyclosporine leads to remarkable decrease of the signs and symptoms of the disease. No side-effects or complications have been noticed while using the prescribed dosage of the medicine. Cyclosporine may be recommended as a method of a choice, in case of severe atopic dermatitis.

KEYWORDS: cyclosporine, atopic dermatitis

Treatment of atopic dermatitis is a most challenging problem of dermatology, immunotropic drugs being given pride of place in particularly severe cases. The range of immune correcting drugs used in the atopic dermatitis treatment has remarkably expanded in the recent years.

This work was aimed at estimating clinical and immunological scores of atopic dermatitis treated with cyclosporine.

MATERIALS AND METHODS

Observations involved 17 patients of both sexes, aged over 20 and suffering a severe form of atopic dermatitis which resisted traditional treatment methods.

Cyclosporine was administered according to the following scheme: minimal dose of 2 or 5 mg/kg per day (200-400 mg/day) given twice a day during 3 to 12 months (6.5 months on the average). As the state improved, the dose was reduced to once in 2 days, twice a week, once and a fortnight and once per 3 weeks. Then the treatment was ceased.

If the case grew more severe, the dose was progressively increased until the desired result was achieved, the dose being maintained until the state became stable and then reduced according to the above pattern. If necessary, local treatment with corticosteroids, softening and antihistamine drugs was continued.

RESULTS

The degree of severity and spreading of the skin process was valued with the help of the SCORAD index severity scoring of Atopic Dermatitis (consensus report of the European Task Course on Atopic Dermatitis)

The cell and humoral immunity in atopic dermatitis cases was estimated on the bases of the Taud B immunity count studies.

Improvement was achieved in 13 cases within 2.5 months, on the average, with the SCORAD index increasing up to about 51%. Deterioration occurred only in 2 cases. After the drug treatment was completed, the remission was kept up during 1 to several months (6 months on the average). Only the cases showed side effects (depression, asthenia, diarrhea), and the drug treatment was ceased. Serous creatinine and blood pressure were maintained basically at normal levels.

DISCUSSION

It has been demonstrated that cyclosporine treatment of severe atopic dermatitis effectively relieved the signs and symptoms of the disease in most cases. No side effects or complications occurred during the treatment with the above cited doses. The drug can be therefore recommended as an alternative method of treatment of widespread severe atopic dermatitis cases that are resistant to other drugs.

COUNTS	PRE-TREATMENT	POST-TREATMENT
Leukocytes $10^9/l$	6,32 ± 0,39	6,31±0,45
Eosinophils $10^9/l$	9,10 ± 0,88	5,28±0,76
Lymphocytes $10^9/l$	45,8 ± 2,56	31,15±2,47
CD3 %	32,05±1,32	58,15±1,36
CD4 %	20,01±1,82	36,51±1,36
CD8 %	22,21±1,86	27,53±1,64
IgG	13,05±0,59	14,22±0,49
IgM	2,03±0,16	2,11±0,15
IgA	2,24±0,15	2,21±0,14
SCORAD	65,74±2,64	23,63±5,03

Tab.1 Pre- and post-treatment clinical and laboratory counts reported in atopic dermatitis cases.**REFERENCES:**

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Циклоспорин и клинико-иммунологические показатели при атопическом дерматите

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РЕЗЮМЕ

Лечение атопического дерматита (АД) представляет серьёзную проблему дерматологии. При тяжёлом течении заболевания существенная роль отводится иммулотропным препаратам. Цель работы - оценить клинико-иммунологические показатели при атопическом дерматите у больных, проводящих лечение циклоспорином. Под наблюдением находились 17 больных, обоёго пола в возрасте старше 20 лет с тяжёлыми формами атопического дерматита, не поддающихся методам традиционного лечения. Ежедневно назначался циклоспорин в два приёма; максимальная доза 2 или 5 мг/кг в день (200 мг – 400 мг). Установлено, что лечение циклоспорином при тяжёлом атопическом дерматите приводит к значительному улучшению патологического процесса у большинства больных. Побочных эффектов и осложнений при использовании препарата в применённых дозах не отмечено. Препарат может быть рекомендован в качестве метода выбора при тяжёлых, распространённых формах атопического дерматита, не поддающихся другим методам лечения.

КЛЮЧЕВЫЕ СЛОВА: циклоспорин, атопический дерматит