



EVALUATION OF THE EFFECTIVENESS AND SAFETY OF LOCAL THE USE OF TACROLIMUS IN THE FORM OF 0.03 % AND 0.1% OINTMENT IN PATIENTS WITH ALLERGIC SKIN VASCULITIS

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Abstract: Evaluation of the efficacy and safety of local the use of tacrolimus in the form of 0.03% and 0.1% ointment in patients with atopic dermatitis average And heavy severity. We observed 37 patients , aged 2 to 53 years, suffering from atopic dermatitis. The first The group of patients consisted of 28 children: 13 girls and 15 boys (from 2 to 15 years). Second group consisted from 9 adults sick - 7 women And 2 men (from 20 to 53 years). Among the patients of the 1st group, 25 children (89%) had predominantly er and - tematosquamous clinical form atopic dermatitis With lichenification , 2 children (7%) had a lichenoid form of the disease; 1 child (4%) had a pruriginous form of the disease. The results results allow consider ointment t a-Crolimus as an effective and safe agent for the treatment of patients with atopic dermatitis of moderate to severe course, which opens new possibilities For long lasting control over current atopic dermatitis.

Key words: tacrolimus , treatment.

Introductions: Atopic dermatitis (AD , atopic eczema, atopic eczema/dermatitis syndrome [1] [2]) is a chronic inflammatory skin disease that usually begins in early childhood and may persist or recur in adulthood. It is not contagious. AD in most cases develops in individuals with a hereditary predisposition and is often combined with other allergic diseases, such as bronchial asthma (BA), allergic rhinitis (AR), food allergy (FA), as well as recurrent skin infections. The main symptom is itching, skin rashes vary from mild erythema to severe lichenification . AD is usually combined with elevated total IgE levels HYPERLINK "IgE" and blood eosinophilia , although there are currently no

pathognomonic biomarkers AtD , therefore the diagnosis is based mainly on the history of the disease, the identification of atopy in the family history and physical examination of the patient. The prevalence of AtD in developed countries is 10-20%. The manifestation of AtD symptoms in children is noted at the age of 6 months in 60% of cases, up to 1 year in 75%, up to 7 years in 80-90%. Over the past decades, there has been a significant increase in the incidence of AtD , its course becomes more complicated, and the outcome is aggravated. In the 20th century, the connection between AtD , hay fever and bronchial asthma was confirmed , which was designated by the term " atopic triad ".

The aim of the study. Evaluation of the efficacy and safety of local the use of tacrolimus in the form of 0.03% and 0.1% ointment in patients with atopic dermatitis average And heavy degrees of severity.

Materials and methods. We observed 37 patients , aged 2 to 53 years, suffering from atopic dermatitis. The first The group of patients consisted of 28 children: 13 girls and 15 boys (from 2 to 15 years). Second group consisted from 9 adults sick - 7 women And 2 men (from 20 to 53 years). Among the patients of the 1st group, 25 children (89%) had predominantly er and - tematosquamous clinical form atopic dermatitis With lichenification , 2 children (7%) had lichenoid; 1 child (4%) had pruriginous form of the disease . . In the 2nd group, all patients had a lichenoid form of the disease - pic dermatitis. 36 patients were diagnosed with a moderate degree gravity And at 1 heavy form atopic dermatitis (index SCORAD). Experience the disease lasted from 2 to 28 years (15 years on average). The frequency of exacerbations in most patients are described at least 4-5 times a year, during which they were used topical GCS.

Clinical efficiency evaluated By dynamics permissions basis in-symptoms of the disease: intensity of itching, erythema, flaking, weeping nutia , dry skin.

Results and discussion: Tacrolimus ointment was applied in a thin layer on affected areas of the skin of any localization, including the face, neck, fold of the a-solid surfaces.

Patients in the 1st group were prescribed 0.03% tacrolimus ointment, in the regimen 2 times a day from 1 to 3 weeks; then, with positive dynamics, the frequency the application was reduced to 1 time per day until the rash was completely resolved - . If the dynamics worsened, treatment was resumed in the 2 times a day regimen. day.

Patients in the 2nd group were prescribed 0.1% tacrolimus ointment in a 2-dose regimen. times a day until improvement is achieved, then 0.03% ointment 1 time per day until cl and -of the national recovery.

Patients both groups received complex systemic therapy: antihistamines, detoxification therapy, enterosorbent - You, probiotics By indications. To all patients recommended perform -call external moisturizing means. In time treatments ointment takr o - limus use of systemic and topical glucocorticosteroids was excluded.

Results and discussion. Duration of the course of treatment in the 1st group compiled from 12 to 30 days (V average 18 days). Improvement was observed on the 3rd day. Patients noted a significant reduction in itching, improvement sleep, clinically this was manifested by a decrease in erythema, papular rashes and -ny, infiltrations V foci inflammation. Clinical recovery offensive and-lo at 9 sick (27%), significant improvement 12 sick (38%), improvement 7 patients (25%).

Of the adverse events, 2 patients reported mild burning sensation, itching skin, spontaneously resolved V flow 2-3 days.

The duration of the course of treatment in the 2nd group ranged from 17 to 42 days (average 26 days). Improvement was observed on the 6th-10th day of therapy. Cl and -nical recovery was registered at 3 sick (33%), significant -improvement in 2

patients (22%), improvement in 4 patients (45%). Deterioration process Not it was noted neither in one patient.

19 children And 5 adults continued use ointment tacrolimus further, 2 times a week to prevent exacerbations. Maximum duration use was 18 weeks. The number of relapses in these patients was decreased to 2 times in year.

All subjects, regardless of age, gender, or racial/ethnic group, with dermatological diseases or systemic diseases with cutaneous manifestations.

Patients included in this protocol will be evaluated and treated according to generally available standard procedures and therapeutic methods. Blood and skin samples will be examined using routine and specialized investigations to establish the diagnosis of these patients, response to treatment, and/or disease progression. Non-invasive tools may be used as part of the examination and assessment of cutaneous manifestations of the disease.

Conclusions. Received results allow consider ointment tacrolimus as an effective and safe agent for the treatment of patients with atopic dermatitis of moderate to severe course, which opens new possibilities For long lasting control over current atopic dermatitis.

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