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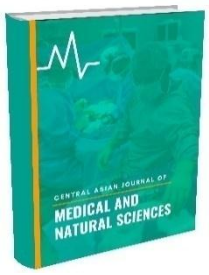

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Dermatological Practice for the Treatment of Adopic Dermatitis and Eczema

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Abstract: this article summarizes the study for the study, an external preparation was used - pantoderm ointment. The composition of 1 g of the ointment includes the active substance - dexpanthenol (50 mg.) And excipients. Dexapanthenol has a regenerating, metabolic and weak anti-inflammatory effect, when applied topically it is quickly absorbed by the skin and converted into pantothenic acid, binds to plasma proteins (mainly beta-globulin and albumin). The aim of our work was to evaluate the clinical efficacy, tolerability and possibility of using dexpanthenol (pantoderm ointment) in dermatological practice for the treatment of atopic dermatitis and eczema.

Key words: treatments, atopic dermatitis, eczema.

Introduction: 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 continue or recur in adulthood. 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 allergies (FA), as well as recurrent skin infections. Pruritus is the main symptom, with skin rashes ranging from mild erythema to severe lichenification. AD is usually associated with elevated levels of total IgE and blood eosinophilia, although at present there are no pathognomonic biomarkers of AD, and therefore the diagnosis is based mainly on the history of the disease, identification of atopy in the family history and physical examination of the patient.

The prevalence of AD among developed countries is 10-20%. The manifestation of AD symptoms in children is observed 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 AD, its course is becoming more complicated, and the outcome is aggravated. In the 20th century, the connection between AtD, pollinosis and bronchial asthma was confirmed, which was designated by the term "atopic triad" [3]. The combination of AD with bronchial asthma is observed in 34% of cases, with allergic rhinitis - in 25%, with hay fever - in 8%. AD may be the debut of an "allergic march", when further atopic diseases develop in such patients: food allergy, bronchial asthma, allergic rhinitis. AD associated with food allergy accelerates the progression of the "allergic march". According to the as yet unconfirmed hygiene hypothesis, reduced exposure to infectious agents in childhood (for example, with greater hygiene in the home) may increase the incidence of atopy and autoimmune disorders directed at one's own proteins.

Objective: to evaluate the clinical efficacy, tolerability and possibility of using dexpanthenol (pantoderm ointment) in dermatological practice for the treatment of atopic dermatitis and eczema.

Methods: for the study, an external preparation was used - pantoderm ointment. The composition of 1 g of the ointment includes the active substance - dexpanthenol (50 mg.) And excipients. Dexapanthenol has a regenerating, metabolic and weak anti-inflammatory effect, when applied topically it is quickly absorbed by the skin and converted into pantothenic acid, binds to plasma proteins (mainly beta-globulin and albumin).

We observed 30 patients (15 women and 15 men) with chronic allergic dermatoses aged 15 - 78 years old. 14 patients suffered from atopic dermatitis (AD), 16 patients suffered from eczema (E), of which 7 had true E, 9 had microbial. The duration of the disease ranged from 2 to 65 years, and the largest proportion was the group of patients with a disease duration of more than 15 years - 52.0%. To assess the severity of AD and E, the SCORAD (scoring atopic dermatitis) scale was used, which is based on objective (intensity and prevalence of skin lesions) and subjective (intensity of daytime pruritus and sleep disturbance) criteria. In the group of patients studied, the SCORAD index averaged 59.7 (min — 36.7; max — 82.7), which corresponded to the moderate and severe course of the disease. To analyze the subjective psychosocial state of patients, a method for assessing the quality of life was used using the Dermatological Life Quality Index questionnaire, an adapted version of the Dermatology Life Quality Index questionnaire by Finlay, 1994. In the examined group of patients, before the start of the study, the values of quality of life indicators ranged from 11 to 21 points and averaged 15.6 points, which corresponded to the average and high degree of the impact of the disease on the quality of life of patients.

Additionally, data on the tolerability of the topical drug were taken into account, patients also evaluated the main characteristics of the drug (consistency, absorption rate, odor, coloring properties). The follow-up period for each patient was 4 weeks. Clinical examinations were carried out three times - before the start of the study, on the 14th and 28th day of observation. Patients were surveyed before and at the end of the study. All patients were recommended to use Pantoderm ointment daily, at least twice a day, for a period until the disappearance of the main clinical symptoms of the disease, but not less than 10 days.

Results: as a result of the study, a decrease in the SCORAD score by 66.3% from the mean baseline was noted, the limits of the indicator at the end of the study ranged from 22.1 to 43.2, which correspond to a significant improvement. The quality of life indicators decreased by 63.8% and averaged 5.8 points, which indicated a high degree of influence of the therapy on the quality of life of patients.

The topical tolerability data showed excellent or good tolerance in 94% of cases. In a subjective assessment of the main characteristics of the drug by patients, it was noted that 98% of patients determined the consistency of the drug as light, 97% indicated a fast absorption rate of the drug, and 98% of patients noted the complete absence of odor and coloring properties of the drug.

Conclusions: the drug dexpanthenol for external use (ointment "Pantoderm") showed high clinical efficacy and good tolerance in the treatment of chronic allergic dermatosis (atopic dermatitis and eczema).

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