Dra. Lidia Comba Pérez Pérez

Uso racional de fármacos en el tratamiento de las enfermedades dermatológicas en Pediatría

Dres. Lidia Comba Pérez-Pérez y Juan García Gavín

- Servicio de Dermatología. Gerencia de Gestión Integrada de Vigo
- Clínica Pérez & Gavín dermatólogos. Vigo

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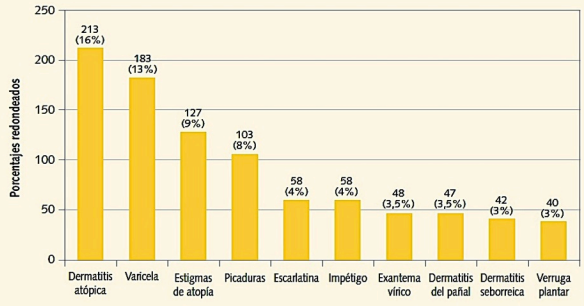
Tratamiento de la dermatitis atópica

Dres. Lidia Comba Pérez-Pérez y Juan García Gavín

- Servicio de Dermatología. Gerencia de Gestión Integrada de Vigo
- Clínica Pérez & Gavín dermatólogos. Vigo

Figura 2. *Los diez motivos de consulta más frecuentes.*



N (porcentaje del total).

Menéndez Tuñón et al. Rev Pediatr Aten Primaria. 2010;12:41-52

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¿A quién afecta?

- 2-5% de la población.
- 10-20% de la población pediátrica.
  - 8'6% en niños españoles.
  - 60-80% de los casos en el primer año de vida.
  - 95% de los casos antes de los 5 años.
- Mayor prevalencia en ambientes urbanos.

Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.
Nichols KM, Cook-Bolden FE. Allergic Skin Disease: Major Highlights and Recent Advances. Med Clin N Am 2009; 93: 1211–24.

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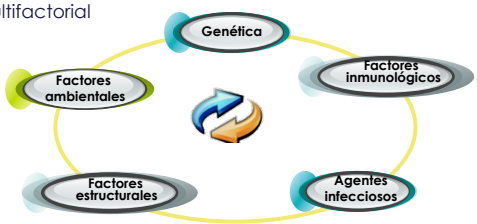
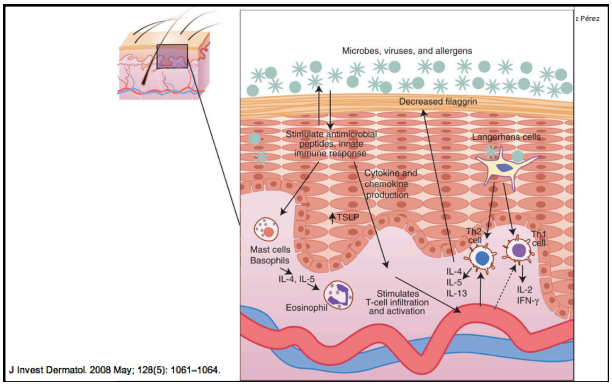
Causas

- Multifactorial



- *Nichols KM, Cook-Bolden FE. Allergic Skin Disease: Major Highlights and Recent Advances. Med Clin N Am 2009; 93: 1211–24.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. PEDIATRICS 2008;122:813-24.*



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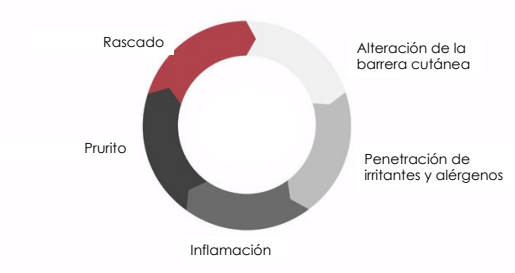
Círculo prurito-rascado en la dermatitis atópica



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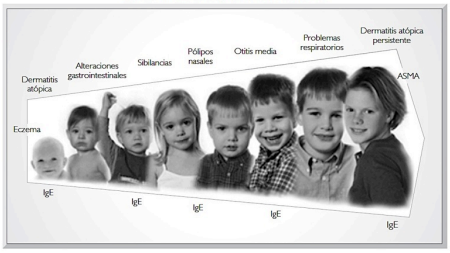
Marcha atópica

Figura I.- Incremento de IgE y manifestación asociadas



- *González P, Arancibia JC. La marcha atópica. http://neumologia-pediatrica.cl*

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Marcha atópica

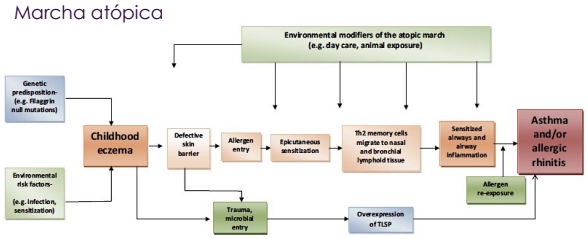

Figure 2 A proposed pathway to explain the atopic march from childhood eczema and the development of asthma and allergic rhinitis [we have reproduced our previously published diagram with permission from *Journal of Asthma* (25) and modified it to incorporate recent evidence].

Damarge et al. Atopic dermatitis and the atopic march revisited. Allergy 2013

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¿Cuál es su tratamiento?

Información

Enfermedad crónica
No existe tratamiento curativo
No es contagiosa
Tratamiento laborioso
Respuesta variable

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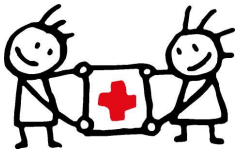
¿Cuál es su tratamiento?

- Edad del paciente
- Localizaciones afectadas
- Gravedad del cuadro
- Tratamientos previos
- Contexto del paciente



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Objetivo | VIDA NORMAL

Simplificar el tratamiento

Primera causa de falta de respuesta:
tratamiento mal realizado

Galán Gutiérrez M Et al. Dermatología Práctica. Vol 16 Numero 2.Marzo-Abril 2008:19-32

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GUIDELINES

JEADV 2012, 26, 1045–1060

Guidelines for treatment of atopic eczema (atopic dermatitis) Part I

J. Ring,[†‡*] A. Alomar,[§] T. Bieber,[¶] M. Deleuran,[††] A. Fink-Wagner,[‡‡] C. Gelmetti,[§§] U. Gieler,[¶¶] J. Lipozencic,[†††] T. Luger,[‡‡‡] A.P. Oranje,[§§§] T. Schäfer,[¶¶¶] T. Schwennesen,[††††] S. Seidenari,[‡‡‡‡] D. Simon,[§§§§] S. Ständer,[‡‡‡] G. Stingl,[¶¶¶¶] S. Szalai,[†††††] J.C. Szepietowski,[‡‡‡‡‡] A. Taïeb,[§§§§§] T. Werfel,[¶¶¶¶¶] A. Wollenberg,[††††††] U. Darsow,[†‡] For the European Dermatology Forum (EDF), and the European Academy of Dermatology and Venereology (EADV), the European Task Force on Atopic Dermatitis (ETFAD), European Federation of Allergy (EFA), the European Society of Pediatric Dermatology (ESPD), and the Global Allergy and Asthma European Network (GA2LEN)

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[§§§]Department of Pediatric Dermatology, Erasmus MC – Sophia Children's Hospital, Rotterdam, The Netherlands
[¶¶¶]Institute for Social Medicine, University Lübeck, Lübeck, Germany
[††††]Deutscher NEURODERMITIS Bund (DNB), Hamburg, Germany

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Consideraciones generales

1.Limpieza

- baño o ducha diarios
  - -temperatura: 27-30º
  - -tiempo: 5-10 minutos
  - -productos: syndet, aceites de baño, baños tratantes
  - -otros: breas de hulla
- -secado suave

- Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.
- Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.
- Ring et al. Guidelines for treatment of atopic eczema

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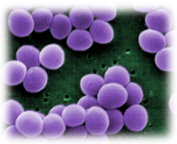
2.- Control de la colonización

- -triclosán, clorhexidina.
- -baño con lejía diluida: 2 semanales
  - Dilución:
  - concentración 0'005%
  - ¼ taza para media bañera
  - ½ taza para bañera entera
  - 3cc por cada 3'8 litros de agua
- -vinagre: 1-2 tazas para bañera
- -antibióticos tópicos: uso puntual
- -antibióticos orales



Dilute bleach baths must be continued as a maintenance treatment for *S. aureus* overgrowth to remain suppressed. The current recommendation for the concentration of bleach in the bath is 0.005%. The typical concentration of sodium hypochlorite in common household bleach (used in laundry, for example) is 6%, so ¼ cup of bleach added to a half-filled, standard, 40-gallon bathtub (or ½ cup added to a full bathtub) will yield the proper concentration. If a baby bathing basin is used, the proper concentration can be achieved by adding 3 cc of household bleach to each gallon of water.

- Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.
- Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.
- Ring et al. Guidelines for treatment of atopic eczema

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Colonization and Infection in AD

It has long been known that *Staphylococcus aureus* is an important organism in AD, being associated with high rates of colonization and infection and being responsible for impetiginized dermatitis, pustules, and, occasionally, more significant skin, bone, or systemic infections in patients with AD. The paper by Eichenfield et al[2] discusses perspectives on the bacterial and viral complications in AD, as well as some of the intriguing data on how normal skin flora—such as *Staphylococcus epidermidis*—contributes to innate immune reactions. This raises the question whether changes in usual commensal microbes on the skin in patients with AD may affect the cutaneous innate immune system, as well as how *S. aureus* colonization develops and influences the course of AD over time.

As Paller et al[3] note, studies have shown that twice-weekly bathing with sodium hypochlorite solution ("bleach baths") can markedly improve AD by decreasing microbial colonization and reducing the risk for infection. Increasingly, clinical experience also supports the benefit of bleach baths.

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3.- Hidratación

-Fundamental: repara barrera, ahorra tratamiento

-¿En qué momento?
-Considerar tipo de lesiones y preferencia del paciente
-2 veces al día (150-200 gr/semana en niños; hasta 500 gr/ semana en adultos)
-Guardar en nevera
-Vendaje húmedo
(*wet wraps o doble pijama*)

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*
- *Ring et al. Guidelines for treatment of atopic eczema*

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4. Control del prurito

-Vendaje húmedo frío
-Baño con agua tibia

-Antihistamínicos orales: hidroxicina, difenhidramina, clemastina
-Antihistamínicos de segunda generación:¿?
-Doxepina
-Montelukast, ondansetrón

-Urea, alcanfor, mentol
-Anestésicos tópicos: benzocaína, prilocaína+ lidocaína, lidocaína, polidocanol
-N- palmitoil etanolamina
-Capsaicina

Grupo	Fármaco
Etanolaminas	Difenhidramina Carbinoxamina Clemastina
Etilendiaminas	Clemizol Pirilamina Tripelanamina
Alquilaminas	Tripolidina Clorfeniramina Bromofeniramina
Fenotiacinas	Prometacina Isopentidil
Pipercinas	Hidroxicina Ciclicina
Piperidinas	Ciproheptadina

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*
- *Ring et al. Guidelines for treatment of atopic eczema*

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5. Evitar desencadenantes

-Estrés
-Infecciones
-Dermatitis de contacto
(metales, fragancias, conservantes, tintes, neomicina, lanolina, corticoides).

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*
- *Ring et al. Guidelines for treatment of atopic eczema*

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Controversias

- Dietas restrictivas
- Lactancia materna: mismas pautas que niños sanos
- Prebióticos, probióticos y simbióticos: no modifican evolución
- Omega 3 y omega 6: no hay datos definitivos (probable beneficio)

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*
- *Ring et al. Guidelines for treatment of atopic eczema*

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Tratamiento tópico

Manejo tradicional: reactivo

Nuevo concepto: tratamiento proactivo
Régimen de mantenimiento

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*

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Tratamiento tópico

Hidratantes

Funciones:
1. Reparar la barrera cutánea
2. Mantener integridad y apariencia de la piel
3. Reducir la pérdida transepidérmica de agua
4. Restaurar la capacidad de la barrera lipídica de atraer, retener y redistribuir agua

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*

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Tratamiento tópico

2.1. Primera elección: corticoides tópicos

CORTICOFOFIA

- Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.
- Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.

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Tratamiento tópico

2.1. Primera elección: corticoides tópicos

-potencia intermedia, ciclos cortos (7-10 días).
-selección adecuada del vehículo.
-1-2 aplicaciones diarias.
-Finger Tip Unit (FTU).

-evitar interrupción brusca; descenso con pauta intermitente.
-terapia de mantenimiento: 2 aplicaciones semanales.
-efectos secundarios locales y raramente sistémicos.

- Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.
- Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.

British Journal of Dermatology 1998; **138**: 293–296.

A practical guide to topical therapy in children

C.C.LONG, C.M.MILLS AND A.Y.FINLAY
Department of Dermatology, University of Wales College of Medicine, Heath Park, Cardiff CF4 4XN, U.K.
Accepted for publication 1 October 1997

Summary The parents of children with skin disease are often unsure how much topical therapy, particularly of corticosteroids, they should apply. The aims of this study were to devise simple guidelines on topical therapy for children, parents, doctors and nurses, and to check the accuracy of these guidelines in practice. The guidelines are based upon four principles: the adult fingertip unit (FTU); the 'rule of 9s'; standard height and weight charts for children; and standard nomograms for calculating body surface area. Twenty-four children (11 boys and 13 girls) aged 6 months to 9 years 4 months with atopic eczema were recruited and the number of FTUs required to treat different anatomical areas calculated in accordance with the proposed guidelines. Ointment was applied and the number of FTUs needed for each area was recorded. The amount used was then compared with that predicted. No child required a greater number of FTUs than that predicted, and the number of FTUs predicted for each anatomical region was accurate to within 1 FTU. The guidelines provide a useful indication of how much topical therapy is required for children, and advice sheets have been prepared for children of different ages.

Comba Pérez Pérez

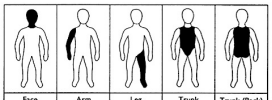
A Parent's Guide to the Use of Topical Treatment

Figure 1. An adult fingertip unit.

Use the adult *Fingertip Unit* (FTU) as your guide.

One adult *Fingertip Unit* (FTU)

The diagrams of the child (below) show how many adult *Fingertip Units* of cream or ointment are required to cover each area of the child's body.



Age	Face & Neck	Arm & Hand	Leg & Foot	Trunk (Front)	Trunk (Back) inc. Buttocks
	Number of FTUs				
3-6 mth	1	1	1½	1	1½
1-2 y	1½	1½	2	2	3
3-5 y	1½	2	3	3	3½
6-10 y	2	2½	4½	3½	5

Figure 3. A patient/parent information sheet based upon the guidelines. Different sheets are available for children of different ages.

© 1998 British Association of Dermatologists, *British Journal of Dermatology*, **138**, 293–296

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Table 2. Weights of treatment needed for twice daily total body treatment (grams) for ages 3 months (mo) to 12 years

	3 mo	6 mo	12 mo	18 mo	2 years	3 years	4 years	5 years	7 years	10 years	12 years
Daily requirement (g)	8	9·5	12	13·25	13·5	16	19·25	20	24·5	30	36·5
Weekly requirement (g)	56	66·5	84	92·75	94·5	112	134·75	140	171·5	210	255·5

©C.C.Long, C.M.Mills, A.Y.Finlay (1997).

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2.2. Tacrolimus tópico

-aprobado como tratamiento de segunda línea en DA moderada y severa.
-eficacia equivalente a corticoide de potencia intermedia.

-Ventajas:
- -seguridad.
- -escasos efectos secundarios.
- -útil en localizaciones delicadas.
- -terapia de mantenimiento.

-Vehículo: pomada

• *Taneja C, Antaya RJ, Berger A, Marshall TS, Seifeldin R, Oster G. Cost-effectiveness of tacrolimus ointment versus pimecrolimus cream in adults with atopic dermatitis. J Drugs Dermatol. 2010 ;9:372-6.*

2.3. Pimecrolimus tópico

-aprobado como tratamiento de segunda línea en DA leve y moderada en individuos mayores de dos años.

-Ventajas:
- -seguridad.
- -escasos efectos secundarios.
- -útil en localizaciones delicadas.
- -terapia de mantenimiento.

-Vehículo: crema

- *Taneja C, Antaya RJ, Berger A, Marshall TS, Seifeldin R, Oster G. Cost-effectiveness of tacrolimus ointment versus pimecrolimus cream in adults with atopic dermatitis. J Drugs Dermatol. 2010 ;9:372-6.*

The Topical Calcineurin Inhibitor Task Force of the American College of Allergy, Asthma and Immunology and the American Academy of Allergy, Asthma and Immunology concludes that on the basis of current data, the risk/benefit ratios of topical pimecrolimus and tacrolimus are similar to those of most conventional therapies for the treatment of chronic relapsing eczema.

- *Fonacier L et al. Report of the topical calcineurin inhibitor task force of the American College of Allergy, Asthma and Immunology and the American Academy of Allergy, Asthma and Immunology. J Allergy Clin Immunol 2005;115:1249-53.*

¿Y ahora qué?

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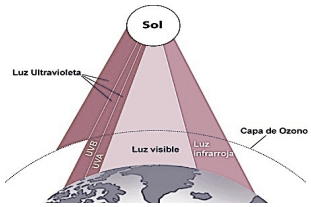
Fototerapia

Modalidades

- UVA
- PUVA (fotoquimioterapia)
- UVB-BA
- UVB-BE
- UVA-1



Unidad de Fototerapia.

Servicio de Dermatología. CHUVI

Unidad de Fototerapia. Clínica Pérez & Gavín dermatólogos. Vigo

Tratamiento sistémico

-corticoides sistémicos
-ciclosporina
-metotrexato
-azatioprina
-micofenolato mofetil
-fármacos biológicos: alefacept, omalizumab, infliximab

- *Darsow U et al. ETFAD/EADV Eczema task force 2009 position paper on diagnosis and treatment of atopic dermatitis. JEADV 2010;24:317-28.*
- *Krakowski A. et al. Management of Atopic Dermatitis in the Pediatric Population. Pediatrics 2008;122:813-24.*

Actas Dermosifiliogr. 2013;104(1):4-16

ACTAS Dermo-Sifiliográficas

Full English text available at www.elsevier.es/ad

REVISIÓN

Actualización en dermatitis atópica. Propuesta de algoritmo de actuación

G. Garnacho-Saucedo*, R. Salido-Vallejo y J.C. Moreno-Giménez

Servicio de Dermatología, Hospital Universitario Reina Sofía, Córdoba, España

Recibido el 18 de julio de 2011; aceptado el 9 de diciembre de 2011
Disponible en Internet el 10 de mayo de 2012

PALABRAS CLAVE
Dermatitis atópica;
Eccema atópico;

Resumen La dermatitis atópica es una enfermedad inflamatoria crónica que afecta al 20% de los niños y casi al 3% de los adultos, produciendo un deterioro importante de la calidad de vida de los pacientes y sus familias. En más del 75% de los casos es autorresolutiva y mejora después

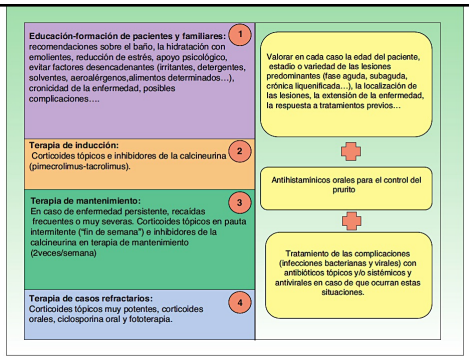
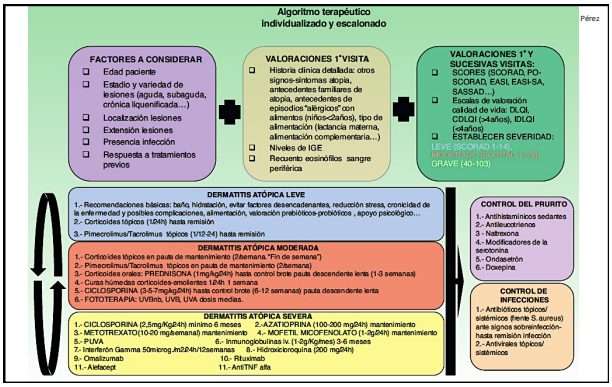


Figura 1 Algoritmo terapéutico en el manejo de la dermatitis atópica moderada y severa.



Gracias por su atención

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