



ATOPIC ECZEMA/DERMATITIS

CYCLOSPORINE A AS TREATMENT FOR ATOPIC DERMATITIS IN CHILDREN

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Background: Atopic dermatitis (AD) is a chronic disease that affects 25% of children and 2-3% of adults. Treatment recommendation starts with emollients and education about bath and body care. Depending on the severity, topical glucocorticosteroids, tacrolimus, UV therapy, systemic immunosuppression, cyclosporine A, methotrexate, azathioprine and mycophenolate mofetil can be used. Cyclosporine A is an immunosuppressant agent indicated to children with severe AD unresponsive to topical therapy. In Brazil, sanitary surveillance allows use for organ transplantation, endogenous uveitis, nephrotic syndrome, rheumatoid arthritis, psoriasis and atopic dermatitis. Side effects are many, but in children the drug used to be well tolerated.

Observation: From a tertiary service in Brazil, six children between 10 and 14 years old were analysed. All of them have severe AD since early childhood. Five (83,3%) presents respiratory atopy. Many treatments were performed before cyclosporine A introduction. All parents or responsible were hardly instructed about bath, body care and hydration. Three children (50%) were previously treated with methotrexate, in one (16,6%) phototherapy was performed and in two (33,3%) both therapies were performed. All of them remained with severe symptoms and had secondary infections, so cyclosporine A 3mg/kg per day was introduced. All children (100%) showed good response to treatment. None had side effects.

Key message: AD is a common chronic disease. Even with several treatment options, achieve good response sometimes is a challenge. As shown in adults, cyclosporine is more efficient than methotrexate and incidence of side effects is low, if patient's follow up is performed correctly.

