ATOPIC ECZEMA/DERMATITIS

RECOVERY OF DERAILED CERAMIDE METABOLISM IN ATOPIC DERMATITIS: A SUCCESSFUL TOPICAL OFF-LABEL USE OF AMITRIPTYLINE COMBINED WITH LINOLENIC ACID

M. Blaess [1] - F. Wenzel [2] - H.-p. Deigner [1]

Furtwangen University, Institute Of Precision Medicine, Villingen-schwenningen, Germany [1] - Furtwangen University, Medical And Life Sciences Faculty, Villingen-schwenningen, Germany [2]

Background: Rebuilding, stabilizing and maintaining the dermal lipid barrier is an encouraging disease management concept in treatment and prevention of atopic dermatitis as well as psoriasis. Prevention and topical treatment, however, lack a simple, safe, effective and modular approach. The mainstay of topical therapy of atopic dermatitis has been corticosteroids for decades, innovations, however, are rare. Upon recognizing that lysosomes and ceramide de-novo synthesis play a key role in attenuation of the dermal lipid barrier, the endeavor of a new comprehensive disease management concept accordingly is to eliminate predominant factors which may promote or trigger C16-ceramide generation in lysosomes.

Observation: Our case report demonstrates the struggle of a patient with common long-term therapeutic approaches without being relieved of itchy dermal lesions. Notably, common therapeutic methods were ineffective. Therefore we decided to try a new topical pathomechanism derived therapeutic measure, since it offers hope of re-establishing skin and alleviating suffering. We supposed that our concept is capable of interrupting dermal inflammatory processes and regenerating the pivotal dermal lipid barrier involving keratinocyte stabilization and prevention of premature apoptosis. The method of choice is a topical disease management derived from the compartmentalized concept of cellular ceramide metabolism and comprises a combination of a lysosomotropically active ingredient amitriptyline and reactive carbonyl- and reactive oxygen species scavenger linolenic acid in a hydrophilic cream.

Key message: Amitriptyline combined with linolenic acid offers a chance to cure mild to moderate atopic dermatitis lesions, eczemas and psoriatic plaques without conveying known serious adverse effects of topical corticosteroids or systemic antibody administration, however, preventing recurrence. It is not limited to skin disorders; our

concept is applicable to other non-microbial inflammation of other epithelia and mucous membranes as well.