



ATOPIC ECZEMA/DERMATITIS

TARGETS FOR TOPICAL IMMUNOMODULATING AGENTS. (SY) NEW TOPICAL IMMUNOMODULATORS

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Atopic dermatitis is a chronic or chronically relapsing itching and inflammatory eczematous disease of the skin. Simply put, there are three main components that treatment of this disease is directed at; The dry skin, the inflammatory component and the overgrowth or colonization with detrimental microorganisms. Therapy may be topical or systemic. The advantages of topical therapy is that the active drug is directed to the compartment, the skin, where it is supposed to exert its effect, and systemical side effects are minimized. The disadvantage is that topical therapy does not treat any systemic reaction to the disease, and, from the patient's point of view, it is often difficult and unpleasant to use as it is greasy and application is time consuming.

The classical topical treatments for the inflammatory component of AD include topical glucocorticoids and topical calcineurin inhibitors. These are still the mainstay therapy and are recommended as first and second line of topical therapies in most guidelines around the world. However; drugs targeting more specific treatment points in the inflammatory pathway in the skin are emerging. The two main targets at the moment are PDE4 and the JAK/STAT pathway. Until now only a PDE4 inhibitor has been licensed for topical treatment of atopic dermatitis, but more are in clinical testing as are the JAK/STAT inhibitors.

Arylhydrocarbon receptor agonists (AHR) is a class of drugs that interacts with the keratinocytes and may induce upregulation of filaggrin expression.

Many of these new drugs look promising although head to head comparison with classical topical drugs are missing.

