

TERAPIJA ATOPIJSKOG DERMATITISA KOD DECE

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Atopijski dermatitis (AD) je hronična upalna dermatoza. Kod 60% pacijenata bolest se razvije pre prve godine života, a u 90% slučajeva se manifestuje pre 5 godine života. Predstavlja heterogenu i multifaktorijalnu bolest, što je posledica kompleksnih patogenetskih mehanizama (1). Terapija za akutni tretman uključuje lokalne kortikosteroide ili nesteroidne alternative kao što su inhibitori kalcineurina i inhibitori fosfodiesteraze (2). Značajan napredak u dosadašnjem lečenju AD bazira se na biološkoj terapiji. Citokini, interleukin (IL)-4 i IL-13 i drugi medijatori koji igraju važnu ulogu u patogenezi upale kože postali su meta novih oblika terapije. Dupilumab je prvi biološki lek odobren za opšte lečenje dece uzrasta >12 godina sa umerenom do teškom AD. Druga terapijska opcija za lokalnu upotrebu je krisaboral, inhibitor fosfodiesteraze-4 (3).

Literatura

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THERAPY OF ATOPIC DERMATITIS IN CHILDREN

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Atopic dermatitis (AD) is a chronic inflammatory dermatosis. In 60% of patients the disease develops before the first year of life, and in 90% of cases it manifests before the age of 5. It is a heterogeneous and multifactorial disease, which is a consequence of complex pathogenetic mechanisms (1). Therapy for acute treatment includes topical corticosteroids or nonsteroidal alternatives such as calcineurin inhibitors and phosphodiesterase inhibitors (2). Significant progress in the current treatment of AD is based on biological therapy. Cytokines, interleukin (IL)-4 and IL-13 and other mediators that play an important role in the pathogenesis of skin inflammation have become the target of new forms of therapy. Dupilumab is the first biological drug approved for the general treatment of children aged >12 years with moderate to severe AD. Another topical therapeutic option is crisaborole, a phosphodiesterase-4 inhibitor (3).

References

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