

## Using Dermatoscopy to Identify and Differentiate Between Acute and Chronic Inflammatory and Allergic Skin Conditions

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### Article Information

Received: April 26, 2023

Accepted: May 27, 2023

Published: June 28, 2023

**Keywords:** *dermoscopic painting, treatment, allergic dermatoses.*

### ABSTRACT

*Topical glucocorticosteroid facilities (TGKS) were first introduced in clinical dermatological practice in the early 1950s, revolutionizing the treatment of inflammatory skin diseases. Today, they remain the leading treatment method for the most common dermatoses. The mechanism of action of topical corticosteroids is complex. The glucocorticosteroid hormone penetrates the nuclei of epidermal cells, enhancing the synthesis of lipocortins that inhibit the activity of phospholipase A2, leading to a decrease in the production of inflammatory mediators such as prostaglandins, leukotrienes, and thromboxanes, as well as a reduction in the number of antigen-presenting and mast cells. TGKS slows down the synthesis of glycosaminoglycans, collagen, and elastin, reduces the release of histamine and other pro-inflammatory mediators, and reduces the activity of Langerhans cells. Additionally, TGCS inhibits the synthesis of nucleic acids in immunocompetent cells and fibroblasts in the basal layer of the epidermis, contributing to a local immunosuppressive effect.*

**Introduction:** THCS reduce or even completely eliminate the symptoms of inflammation and reduce such related symptoms, How pain, itching And paresthesia, renderantiproliferative impact And suppress local immune answer. IN connections With presence such necessary on practice therapeutic effects exists widerange of indications for the use of topical GCSH in the treatment of skin diseases in children and adults: seborrheic dermatitis, atopic dermatitis, various forms on the- investigative And acquired erythroderma, eczema, hereditary bullous epidermolysis, psoriasis, hives, contact And allergic dermatitis And other allergic dermatoses. penetrate corticosteroid hormones from TGKS V skin through horny layer epidermis, hair follicles And glands skin. Moisturizing skin 100 times increases her permeability For glucocorticosteroids [8, eleven]. On this, V in particular based application occlusal bandages. Necessary consider, What degree penetration of glucocorticosteroid hormone into the lesion is maximum at use of steroid ointment, less - when using a cream and even less - when use lotion (solution), containing GKS hormone [3, 8].

TGKS By expressiveness vasoconstrictor effect subdivided according toEuropean classification on 4 class: weak (hydrocortisone acetate), moderately strong (prednisolone, prednicarbate, fluocortolone, alklomethasone dipropionate), strong (betamethasone valerate, betamethasone

dipropionate, budesonide, hydrocortisone butyrate, mometasone furoate, dexamethasone, triamcinolone acetonide, methylprednisolone acetonide, flumethasone pivalate, flucinolone acetonide, fluticasone propionate) and very strong (clobetasol propionate, chalcinonide) [3, 4].

American classification of topical glucocorticosteroids more detailed. It includes 4 class: first Class - Very strong drugs, And consists of one group; the second class - strong drugs, consists of two groups; third And fourth classes (moderately strong And weak) Also consist from 2 groups drugs. According to this classification elocom ointment (mometasone furoate 0.1 %), For example, assigned to group II (strong local GCS hormones) and is not recommended for treatment children, elderly of people And sick With defeat skin faces And others sensitive plots skin. A elocom cream (mometasone furoate 0.1 %) classified V group IV (moderately strong local GCSG), elocom lotion (mometasone froat lotion 0.1%) - in group V (moderately strong GCSH) and can already used for treatment specified contingents [eleven].

Elocom is a topical non-fluorinated synthetic 17-heterocyclic corticosteroid containing 0.1% mometasone furoate (Schering-Plough, USA). The core of the mometasone molecule furoate is similar to the core of the betamethasone molecule, but contains chlorine in the 9th and 21st positions and new furoate-17-ether, but does not contain fluorine. As Elokom base uses polyethylene glycol. Elocom is available in the form of a lotion, creams, ointments, and in recent years, elocom C ointment, which contains 0.1% mometasone furoate and 5% salicylic acid. The drug has almost no systemic effects, as it is more than 10 times weaker penetrates into the blood through the skin compared with fluorinated glucocorticosteroid topical agents, and binding to transcortin is high and has a relatively short half-life [6, 7, 9]. The drug is recommended for use once a day, which is very convenient and practical. Comparison elokom With others TGKS showed What He stronger inhibits synthesis pro-inflammatory cytokines in the skin: IL-1, IL-4, IL-6, IL-10, TNF-alpha, and Also directly or indirectly inhibits activity phospholipases-alpha2 [17, 20].

Of mometasone in volunteers furoate V form 0.1 % cream at single drawing on plots skin With ultraviolet erythema With betamethasone valerate (0.1 % \_ cream) And betamethasone dipropionate (0.05 % \_ cream) at their double application showed What elocom led To resolution ultraviolet erythema V 2 times faster than both comparison creams and the positive effect lasted at least 24 hours [4]. N.G. Kochergin And co-authors [4] compared clinical efficiency elokom And advantana in psoriasis and atopic dermatitis, using as an evaluation criterion efficiency developed them Dermatological index scales symptoms (DISHS), which is based on four-point severity rating system any from observed symptoms diseases (erythema, papule, peeling, lichenification, etc.). They observed 27 patients with a limited form of atopic dermatitis (atopic eczema of the hands) and 32 patients with psoriasis (mild and moderate gravity forms vulgar plaque psoriasis). Elokom And advantan V form cream inflicted to each sick on limited symmetrical foci defeat at the same time: elocom on right, advantan - left, By scheme single daily lubrication at the rate of 5 mm of the drug squeezed out of the tube per 50-70 cm<sup>2</sup> of the affected skin area. Treatment in both groups of patients was carried out against the background of the generally accepted general therapy. Treatment continued for 2 to 3 weeks. Regression of all studied parameters rashes authors registered at 78 % patients with psoriasis use elokom and at 74 % of patients using advantan, and in patients with atopic dermatitis - 81% and 79%, respectively. Tolerability and ease of use of both drugs By evaluation sick And authors articles was the same. These same authors compared clinical efficiency ointments elokom and 1% hydrocortisone ointments (applications 1 once V day V flow 21 days) And showed What complete permission rashes or a significant improvement was observed in 38% of patients with psoriasis who used the ointment elocom For outdoor therapy, at absence such results at patients receiving hydrocortisone ointment [4].

Samarkand dermatologists in 2000 shared their experience in using elocom in treatment 414 sick

sharp And chronic dermatoses [1]. They emphasized high efficiency of elocom (lotion, cream or ointment) in the external treatment of patients eczema, psoriasis atopic dermatitis, limited neurodermatitis, dermatitis, red lupus scleroderma, lymphomas skin, seborrheic pemphigus.

ABOUT high clinical efficiency elokom at treatment atopic dermatitis, allergic dermatitis, eczema, psoriasis in adults and children are reported and other authors [2, 3, 4, 6-10, 13, 15, 16, 18-22]. All authors note that the effectiveness elokom at single pink daily applications surpasses such at application of other fluorine-containing TGCS applied 2-3 times a day. At elokom high consumer properties are noted: it is quickly absorbed and does not leave greasy glitter on skin, not soils clothes [2].

**The purpose** of this work is to evaluate the experience of clinical use of the drug Elokum (lotion, cream or ointment) at treatment sick contact simple And allergic dermatitis, medical toxicemia , eczema, atopic dermatitis, psoriasis, red flat deprive.

### **Material And methods**

Under our observation was 136 sick (9 sick contact simple And allergic dermatitis, 14 sick maculopapular \_ medical toxidermia , 27 patients with eczema, 28 patients with atopic dermatitis, 50 patients psoriasis And 8 sick red flat deprive), V volume including 70 men And 66 women, aged 1.5 years to 68 years, including 22 children under the age of 14. Sick received outpatient (96 Human) or stationary (40 patients) treatment.

Contact allergic dermatitis was found in 2 men and 3 women, simple contact dermatitis - in 1 man and 3 women, the age of the patients was from 19 to 42 years. The duration of the disease is from 1 to 6 days. The predominant localization of the rash is the upper limbs and face. Elocum cream was prescribed once a day as monotherapy . For a while treatment of patients with a diet with the exclusion of alcoholic beverages and restriction of carbohydrates. Treatment lasted 7-14 days.

In patients with drug toxidermia (8 men and 6 women aged 16 up to 30 years) the pathological process was widespread and was presented maculopapular \_ rash at 3 sick With microvesiculation V areas brushes. IN As an external therapy, patients received Elokum cream 1 time per day, general treatment was performed in 8 patients in accordance with current clinical protocols (antiallergic, antihistamines, enterosorbents , microdes or disol intravenous drip , etc.). In 6 patients, along with applications of elokom , only ketotifen inside By 1 mg after lunch And supper V flow 7 days. Sick were treated from 8 to 16 days.

Of the 27 patients with eczema (12 men and 15 women aged 1.5 years to 63 years) true eczema had place at 12 sick, microbial - at 7, seborrheic - 6, children's - at

2. The duration of the disease ranged from 2 months to 11 years. Six patients were treated in conditions of a round-the-clock hospital, 5 - in a day hospital, the rest of the patients are all received treatment on an outpatient basis. With severe infiltration, lichenification of foci used ointment elokom , A at availability expressed inflammation V outbreaks And their puffiness - elokom cream . Elokum lotion was used on hairy areas of the skin. outdoor therapy elokom was carried out on background general treatment And physiotherapy according to clinical protocols (without use systemic corticosteroids inside or parenterally). Local treatment lasted from 14 to 20 days.

Elokum cream or ointment V quality outdoor therapy applied at 28 sick atopic dermatitis (13 men and 15 women aged 1 to 37 years), including including at eleven children before 14 years. Along With elokom sick appointed hyposensitizing And antihistamines drugs, sedatives facilities, angioprotectors, enterosorbents, physiotherapy (more often laser therapy transcutaneously). Treatment elokom lasted from 12 to 24 days.

Among patients with psoriasis, there were 29 men and 21 women aged 6 to 68 years. years

(children under 14 years - 9), while 32 had psoriasis vulgaris, in 18 - exudative, common psoriasis observed at 36, limited - at 14, With defeat scalp - in 11. The ointment was applied to the skin of the trunk and extremities, the cream - on skin faces And neck, lotion - on rashes V areas hairy parts heads. Elokoma preparations were applied once a day for 16-30 days. Along with applications elokom sick received general treatment And physiotherapy according to clinical protocols diagnosis and treatment of psoriasis.

With lichen planus (5 men and 3 women aged 21-44) process had a widespread character with lesions of the upper and lower extremities, and in 3 patients papules there were And on mucous shell cavities mouth. Local treatment skin rashes were treated with elok ointment 1 time per day. mouth rash oiled 1 once a day with elocom lotion . Conventional general treatment was also applied. General duration treatment ranged from 14 up to 23 days.

## Results And discussion

Grade clinical efficiency elokom assumed accounting speakers How subjective (decrease intensity And disappearance skin itching or burning sensation improvement sleep And general state), So And objective symptoms (decrease hyperemia, infiltration, inflammation, edema lichenification, peeling, excoriations, acceleration of erosion epithelization). On the transition of the disease to the stage of subclinical remission indicated complete disappearance subjective And permission objective symptoms diseases. If achieved permission Not less 70-80 % rashes on background established absence of existing subjective sensations, then this was regarded How significant improvement. Permission Not less 50 % rashes on background significant decrease or disappearance itching or burning sensation significant improvements sleep And general states regarded How clinical improvement. Absence positive speakers subjective And objective symptoms disease indicated failure of treatment. With the increase and aggravation of symptoms diseases on background ongoing treatment should speak about worsening pathological process And inefficiency the therapy being carried out.

In patients with contact simple and allergic dermatitis who used elocom cream in the form of monotherapy , by the end of the second day there was a decrease in intensity itching To end 4th-6th days observed significant decrease edema, hyperemia And infiltration in the foci inflammation. Complete resolution of subjective and objective symptoms by the 7th day of treatment were noted in 3 patients, 8th - at 2, by the 9th - at 2, on the 12th day - in 1 and on the 14th day of treatment in 1 patient, i.e. everyone has 9 patients was reached clinical recovery V flow 1-2 weeks. All Patients noted good portability treatment With using cream elokom . Italian dermatologists compared the efficacy and safety of mometasone cream furoate with advantan cream when used once a day for 15 days in patients with contact simple and allergic dermatitis. TO end term observations clinical recovery noted at 61.4 % patients receiving elocom And at 60 % patients receiving advantan, A significant improvement - respectively, at 33.3 % And 27, 3 % sick [16].

Sick medical maculopapular toxicermia , receiving comprehensive treatment With local using cream elokom , already on 3rd-4th day treatment noted a significant reduction in the intensity of itching, improvement general condition. Complete disappearance of pruritus by the end of the first week of treatment noted 9 patients out of 14. By this time, the phenomena hyperemia, edema, infiltration And peeling, microvesicles fully resolved. By the 14-16th day of treatment, 13 patients (92.8%) registered the transition of the disease to the stage subclinical remission (clinical recovery), one patient had significant improvement clinical picture.

Decline intensity skin itching improvement general states And sleep at sick eczema happened on 3-5th day integrated treatment With using elokom, To 14th afternoon treatment disappearance skin itching noted at 18 (66.7 %) patients, in the remaining 9 patients, the intensity of pruritus significantly decreased. Dynamics objective symptoms (decrease hyperemia,

inflammation, edema, vesiculation, lichenification, excoriations And peeling) marked at majority patients from 3-5 days and already by the 14th day of treatment clinical recovery has occurred in 12 (44.4%) patients, significant improvement in 13 (48.2%), improvement - in 2 (7.4%). TO22-28 afternoon treatment clinical recovery noted at 22 (81.5 %) sick, significant improvement in 4 (14.8%) patients, improvement in 1 patient with microbial eczema. Less efficient was application ointments elocom at sick eczema With large foci of infiltration and lichenification, where the use is more suitable ointments elocom WITH (With 5 % salicylic acid) [5, 12].

The first signs of regression of subjective and objective symptoms of atopic dermatitis noted at all sick, beginning With 2-4th days integrated treatment With using elocom . By the 15-16th day of treatment 17 patients (60.7 %) achieved clinical cure, 6 (21.4%) - significant improvement, 5 (17.9%) - improvement, A To 24th afternoon - at 21 75.0 %), 4 (17.9 %) And 2 (7.1 %) respectively. ABOUT high therapeutic efficacy of elokom in patients with atopic dermatitis is reported and other researchers [3, 4 6, 8-10, 13-16, 18-20, 22], at this They note more early And complete permission symptoms disease By comparison With others outdoor corticosteroid fluorine-containing drugs, which 2-3 times V day (hydrocortisone 1 % cream, betamethasone dipropionate 0.05 % cream, betamethasone valerate 0.1% cream and 0.1% lotion ; triamcinolone acetonide 0.1% lotion, cream, ointment; fluocinolone acetonide 0.025 5th cream And ointment).

At psoriasis subjective symptoms (itch, bad dream, increased irritability), as well as hyperemia, inflammation and intensity of peeling in areas papules And psoriatic plaques started decrease already co 2-4th days complex treatment. By the 16th day of treatment, 24 patients (48.0%) registered transition disease V stage subclinical remission, at 17 (34 %)– significant improvement, at 8 (16 %) - improvement clinical paintings diseases, A at 1 sick (2%) noted only decline intensity skin itching And peeling, But plaque infiltration and hyperemia remained almost unchanged for 14 days and sick was translated on treatment ointment diprosalic . By day 28 of treatment, clinical cure was achieved at 41 sick (82 %), significant improvement - at 7 (14 %), improvement - at 2 (4 %). ABOUT high efficiency elokom at psoriasis report practically All authors [1-4, 6-10, 11, 12, 14-16, 19-22 ] .

Treatment sick red flat deprive With inclusion elokom V compound comprehensive therapy allowed achieve disappearance skin itching And improvements general condition by 16-18 days in 8 patients out of 9, while the resolution of papules on the skin and mucous membranes was achieved in these terms in 6 patients. by the 22-24th day of treatment remained only 1 sick With unresolved before end papules, at this kept feeling fickle itching.

**Conclusions:** So the way at absolute majority sick psoriasis atopic dermatitis, eczema, medical toxicermia, red flat deprive, contact simple and allergic dermatitis inclusion in complex therapy elokoma in the form of a lotion, cream or ointment proved to be very effective. This allowed in in a relatively short time to achieve a significant improvement in the clinical course data diseases or transition disease V stage subclinical remission, those. clinical cure. Dosage forms elokom good are transferred We Not observed neither V one case allergic reactions or side effects effects at treatment elocom at observed sick, V That time How at use fluorine-containing corticosteroid outdoor funds row authors observed side effects: dry skin and a decrease in its elasticity, the appearance of folliculitis [6]. Compliance with elokom therapy is very attractive - the drug is applied to foci defeat 1 once V day. Elocom has high anti-inflammatory activity, certain antimetabolic activity, But Not causes atrophy skin for short courses treatments (up to 6 weeks) [18].

On basis own observations And published materials others authors can conclude that elokom is a highly effective means for local treatment of acute and chronic dermatoses of allergic and inflammatory nature.

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