Synopsis

Seth J. Orlow

NYU School of Medicine, New York, N.Y., USA

Article 1: Clinical Management of Atopic Eczema with Pimecrolimus Cream 1% (Elidel®) in Paediatric Patients

Lawrence F. Eichenfield^a, Diamant Thaci^b, Yves de Prost^c,
Lluís Puig^d, Carle Paul^e

^aUniversity of California San Diego School of Medicine, Children's Hospital and Health Center, San Diego, Calif., USA;

^bJohann-Wolfgang Goethe University of Frankfurt, Frankfurt, Germany; ^cNecker Hospital for Sick Children, Paris, France;

^dHospital de la Santa Creu i Sant Pau, Barcelona, Spain;

^eUniversity Paul Sabatier, Department of Dermatology, Purpan Hospital, Toulouse, France

Atopic dermatitis is predominantly a disease of children and infants, with 90% of patients presenting with the condition before 5 years of age. Topical calcineurin inhibitors, such as pimecrolimus, complement the use of topical corticosteroids for the management of this condition. This paper reviews the clinical evidence for the efficacy of these agents in pediatric atopic dermatitis and provides an update on safety data in children and infants.

Article 2: The Role of Pimecrolimus Cream 1% (Elidel®) in Managing Adult Atopic Eczema

Michael Meurer^a, Jann Lübke^b, Alexander Kapp^c, Dirk Schneider^d

^aDepartment of Dermatology, Universitätsklinikum Dresden, Dresden, Germany; ^bMédecin Adjoint, Dermatologie HUG, Geneva, Switzerland; ^cDepartment of Dermatology and Allergology, Hannover Medical University, Hannover, Germany;

^dNovartis Pharma AG, Basel, Switzerland

Atopic eczema is a chronic disease that is characterized by recurrent flares. Therapy directed at preventing the progression of flares and prolonging the time to the next flare is an essential part of clinical management. Many adult patients use topical cortico-

steroids for prolonged periods, despite the well-recognized atrophogenic potential of these treatments when used in the long term. This is a particular concern for patients with eczema on delicate areas of skin such as the face and neck. The topical calcineurin inhibitors do not cause skin atrophy and may, therefore, be better suited for intermittent use over extended periods. This paper reviews the clinical evidence supporting the effectiveness of topical calcineurin inhibitors in the acute relief and long-term control of atopic eczema in adults.

Article 3: An Update on the Safety and Tolerability of Pimecrolimus Cream 1%: Evidence from Clinical Trials and Post-Marketing Surveillance

Richard G.B. Langley^a, Thomas A. Luger^b, Michael J. Cork^c,
Dirk Schneider^d, Carle Paul^e

^aDivision of Dermatology, Department of Medicine, Dalhousie University, and Queen Elizabeth II Health Science Centre, Halifax, N.S., Canada; ^bDepartment of Dermatology, University of Muenster, Muenster, Germany; ^cDermatology, University of Sheffield Medical School, Sheffield, UK; ^dClinical Research and Development, Novartis Pharma AG, Basel, Switzerland;

^ePaul Sabatier University, Dermatology, Purpan Hospital, Toulouse, France

This article provides data on the safety and tolerability profile of the topical calcineurin inhibitor, pimecrolimus cream 1%, generated from clinical trials and post-marketing surveillance studies in patients ≥ 24 months of age with atopic dermatitis. Importantly, the article highlights that there is no evidence to date demonstrating that treatment with pimecrolimus cream 1% or tacrolimus ointment 0.1 or 0.03% increases the risk of malignancies.

Article 4: Potential New Indications of Topical Calcineurin Inhibitors

Thomas Luger^a, Carle Paul^b

^aDepartment of Dermatology, University of Münster, Germany;

^bUniversity Paul Sabatier, Department of Dermatology, Purpan Hospital, Toulouse, France

Beyond atopic eczema, topical calcineurin inhibitors may represent a useful alternative to topical corticosteroids for the treatment of a number of inflammatory skin diseases. The efficacy of topical calcineurin inhibitors has been demonstrated

for seborrheic dermatitis, allergic contact eczema, chronic hand dermatitis, and flexural psoriasis. Preliminary data also support the efficacy of topical calcineurin inhibitors in lichen planus, facial lupus erythematosus, autoimmune bullous dermatosis, vitiligo and Netherton syndrome. However, controlled studies are needed to better understand the efficacy and safety of topical calcineurin inhibitors and their potential for supplementing or replacing topical corticosteroids. This article reviews the progress of studies investigating the use of topical calcineurin inhibitors in inflammatory skin diseases other than atopic eczema.