

PHARMACOTHERAPY FOR ALLERGIC CONTACT DERMATITIS

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Introduction. Allergic contact dermatitis (ACD) is a delayed type of induced sensitivity (allergy) resulting from cutaneous contact with a specific allergen to which the patient has developed a specific sensitivity.

It is the most important skin disease for the general population. Overall, in the general population the prevalence of contact allergy to at least one allergen is 21.2%. It is more common in women than in men. This predominantly is a result of allergy to nickel, which is much more common in women than in men.

The main role in treatment plays detecting exact allergen. It is really important to avoid trigger agent to achieve good results via pharmacotherapy.

Aim. An aim of our research was to study pharmacotherapy of ACD in international medicine practice.

Materials and methods. Topical corticosteroids are the mainstay of treatment due to their ability to decrease inflammation by inhibition the activity of phospholipase A2 and immunosuppressive effect. Also, there are a variety of symptomatic treatments that can provide short-term relief of pruritus. Immunosuppressive agents can be used in recalcitrant cases of severe chronic widespread contact dermatitis or severe hand dermatitis that prevents the individual from working or performing daily activities.

Results and discussion. An aim of the treatment of ACD is to decrease inflammation and to prevent further contacts with allergen. That's why the question of detecting right allergen is really important. Approximately 25 chemicals appear to be responsible for as many as one half of all cases of ACD. These include nickel, preservatives, dyes and fragrances. In most cases it isn't hard to identify the allergen, because inflammation appears exactly in the same place where contact has been and has the same shape, as a shape of contact. In cases where we can't identify right allergen by common medical examination, we have to use patch testing. A patch test is a method used to determine a specific substance causes allergic inflammation. It consists of tiny quantities of 25-150 materials in individual square plastic of round aluminium chambers. It has to be applied to the upper back for at least 48 hours. After that we can determine the right allergen by a local allergic reaction on a small area of the patient's back. Patch testing is most cost-effective and reduces the cost of therapy in patients with ACD.

In some severe cases, detoxification therapy has to be provided. Disulfiram and sodium thiosulfate can be used to decrease level of allergen in organism.

Symptomatic treatment can be used to relief pruritus. Topical soaks with cool Burow solution (1:40 dilution), emollients and sedating oral antihistamines may help in this purpose.

Conclusions. Topical corticosteroids are the mainstay of pharmacotherapy of ACD, however, the definitive treatment of disease is the identification and removal of any potential causal agents. Otherwise, the patient is at increased risk for chronic or recurrent dermatitis.

PHARMACOTHERAPY OF CHRONIC PANCREATITIS

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Introduction. Chronic pancreatitis is usually accompanied by enzyme deficiency. For normal digestion, the patient needs substitution therapy with enzyme preparations. The main active ingredients in most of the drugs are lipase, protease and amylase of pancreatin. In addition to the properly selected preparation, an adequate dose assignment plays an important role.