



# ACTAS Derma-Sifiliográficas

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## COMMENTARIES

### Azathioprine in the Treatment of Severe Pediatric Atopic Dermatitis: Experience in a Referral Hospital in Spain<sup>☆</sup>



### Azatioprina en el tratamiento de la dermatitis atópica grave en pediatría. Experiencia en un hospital de referencia en España

Atopic dermatitis is the most frequent inflammatory skin disease in children and one for which we do not yet have standardized treatment guidelines. Most children and adolescents have mild forms that are controlled with topical treatments. However, in moderate to severe cases that cannot be appropriately managed with topical treatments, other options such as phototherapy or systemic treatment must be considered. None of the classic systemic treatments (ciclosporin, azathioprine, methotrexate, mycophenolate mofetil) include the indication for treatment of atopic dermatitis in children and adolescents in their summary of product characteristics. In addition, there are very few publications on pediatric patients to help us in clinical practice.<sup>1,2</sup>

In the present issue, Noguera-Morel et al.<sup>3</sup> provide a retrospective review of children with severe atopic dermatitis treated with azathioprine over a 10-year period (2007-2017) at Hospital Infantil Universitario Niño Jesús, Madrid, Spain. The retrospective review includes 11 patients with a mean age of 13 years (range, 8-18 years). The authors highlight the effectiveness of the drug with complete or near-complete clearance in 7 of 9 patients at 12-16 weeks of treatment.

These findings are somewhat superior to those published elsewhere and similar to those reported for other immunosuppressants. As for safety, only 2 patients had to suspend treatment because of gastrointestinal adverse events.

The authors agree with other specialists that the main drawbacks are the time to response (approximately 3 months) and the need for close monitoring. This publication advocates the use of azathioprine as a systemic treatment option in pediatric patients, albeit not as a first-choice drug.

In the coming years, the advent of new biologics for the treatment of atopic dermatitis in children will show us where classic immunosuppressants stand.

## References

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