Imiquimoid 5%: In Pursuit of New Treatment Regimens for Actinic Keratosis☆

Búsqueda de nuevas pautas terapéuticas de imiquimod 5% para el tratamiento de las queratosis actínicas

Actinic keratoses are intraepidermal skin tumors that appear in the context of a type of chronic actinic damage known as field cancerization. New treatments tend to cover not only clinically visible lesions, but also those that harbor subclinical dysplastic changes. Therefore, classic drugs such as imiquimod have returned to the fore because of their formulation, which is available in various concentrations,[1] and the search for an optimal regimen that enables us to adapt the inflammatory reaction as much as possible to the clinical response.

In this article, Serra-Guillén et al.[2] investigate a new regimen of imiquimod 5% cream for the treatment of actinic keratosis. The authors propose a concentrated regimen in which they apply the drug daily for 12 consecutive days with the aim of finding a better response to therapy and a shorter duration of local cutaneous responses. The data obtained show the regimento be slightly more effective than that reported in the summary of product characteristics, albeit at the cost of poorer tolerance. Furthermore, the linear correlation between the severity of the local reactions and the degree of clinical response can help us to predict the response to imiquimod, which is sometimes quite erratic, depending on the patient. In this interesting article, our colleagues from Instituto Valenciano de Oncología use high-quality data to reinforce the trend observed in daily clinical practice and the philosophy of ''no pain, no gain'', which we try to transmit to patients so that a correct understanding of the mechanism of action of this drug leads to appropriate adherence and, therefore, a successful outcome.

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Imatinib: A New Tool for the Management of Chronic Sclerodermatous Graft-vs-Host Disease☆

Imatinib: Una nueva herramienta para el manejo de la enfermedad del injerto contra el hospedador crónica esclerodermiforme

The therapeutic management of chronic sclerodermatous graft-vs-host disease (GVHD) is challenging because, apart from systemic corticosteroids, no treatments have shown clear benefits in terms of long-term effectiveness or tolerability. In this retrospective study, the authors describe their experience with the use of imatinib to treat chronic sclerodermatous GVHD in 18 patients who did not respond to systemic corticosteroids. The majority of patients (83%) responded at least partially and the treatment also permitted corticosteroid tapering in a high proportion of cases (78%). Imatinib is a potent tyrosine-kinase inhibitor that is used in GVHD because of its dual inhibitory activity against platelet-derived growth factor receptor and transforming growth factor-β. There is no evidence from clinical trials to support the use of imatinib in chronic sclerodermatous GVHD. This study, however, adds to data from other series in which imatinib has improved symptoms and achieved response rates of between 50% and 79%, with lower rates observed in older patients and patients with more advanced lung disease.[1] Imatinib is also a relatively well-tolerated drug associated with low levels of discontinuation due to adverse effects. Despite the retrospective nature of this study, its results add to the body of evidence on the effectiveness of imatinib in the management of chronic

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sclerodermatous GVHD. Prospective studies, however, are needed to confirm these preliminary results.

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