J Clin Exp Dermatol Res 2016, 7:7(Suppl)
http://dx.doi.org/10.4172/2155-9554.C1.045

Treatment of eczema with MMF: A single centre ten year experience

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Background: Treatment of refractory atopic dermatitis or endogenous eczema can be challenging due to limited treatment modalities. MMF is a good alternative systemic therapy for chronic eczema but its costs often limit its use in Singapore. While there are a few small prospective studies done in the past decade on the efficacy of MMF in the treatment of eczema, data on its treatment efficacy and side effects remain anecdotal and especially lacking in an Asian population.

Aims: To evaluate the effectiveness and side effects of MMF in its treatment of eczema among a cohort of Asian eczema patients.

Methods: This is a retrospective chart review of eczema patients in our centre who were treated with MMF from 2006 to 2016. Patients were identified from electronic medical records by cross referencing clinic and pharmacy electronic records.

Results: Our study included a total of 26 patients ranging from 14-87 years old. Most patients (53.8 %) had failed prior treatment with immunosuppressants and 26.9% of patients had prior phototherapy. The highest dose of MMF used was 1000-3000 mg. 88.5% had improvement of their eczema during follow-up. A total of eight patients (30.8%) reported complications during treatment. Most complications were mild and non-specific with six patients reporting worsening eczema or no improvement. No patients developed leukopenia or anemia during follow-up.

Conclusion: MMF remains a useful therapeutic option in the treatment of eczema and could potentially be used as an early treatment option. Further cost effectiveness comparisons could be done with other immunosuppressants.

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A prospective single-blinded clinical trial to compare the efficacy of oral tranexamic acid and proanthocyanidin vs. intradermal tranexamic acid in the treatment of melasma

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Aim: To compare the efficacy of oral and intradermal injection of tranexamic acid in the treatment of melasma.

Materials & Methods: After obtaining written informed consent, 40 females with bilateral melasma of age group 20-50 years fulfilling the inclusion criteria, were included from our out-patient department of our institution in this prospective, single-blinded trial lasting 12 weeks. Inclusion criteria: Female patients of age group 20-50 years with bilateral melasma, Fitzpatrick skin type 3, 4 and 5, patients with normal medical history and physical examination and patients giving the consent for the trial. Exclusion criteria: Pregnant women and nursing mothers, patients with known bleeding diatheses or taking anticoagulants, patients taking OCP during the study or in past 12 months, patients with known history of allergy to the drug and patients having used any depigmenting agent in the past 3 months. Group A of 20 patients were treated with oral tranexamic acid 250 mg twice daily and in group B of other 20 patients, 0.05 ml of tranexamic acid at the concentration of 4 mg/ml (diluted and prepared in normal saline) were given intradermally in the lesions at 1 cm distance weekly. At 4 weeks, 8 weeks and 12 weeks MASI was calculated. Statistical analysis was done using Wilcoxon Signed-rank test and 'p' value was kept <0.05 to be considered as significant.

Results: There was significant statistical difference in both the groups and group B (treated with intradermal injections) showed better response than group A (treated with oral tranexamic acid).

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