

## 嚴重頑固性異位性皮膚炎的診斷，處置及併發症

### Diagnosis, management and comorbidities of severe refractory atopic dermatitis

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Atopic dermatitis (AD) is a chronic relapsing dermatitis with personal and family history of allergic diseases, such as AD itself, allergic rhinitis, and asthma. The prevalence of AD in Taiwan is common and estimated to be approximately 6-10%. Itching is the cardinal symptom of AD and it leads to poor sleep and impairs quality of life substantially to the patient and family. The pathophysiology of itch in AD is briefly introduced. The diagnosis of AD is usually made from clinical features with the Hanifin's diagnostic criteria most commonly used. Objective disease severity is measured by different scores, including EASI and SCORAD. AD could be severe and refractory in some cases. In those refractory cases, a good diagnostic approach should be made to exclude other important diseases, including cutaneous lymphoma, dermatomyositis, contact dermatitis, drug eruption, psoriatic erythroderma, pityriasis rubra pilaris and some congenital diseases such as Netherton syndrome and Wiskott-Aldrich syndrome. Blood IgE level measurement may be helpful for the diagnosis sometimes, however, skin biopsy should be performed in cases of doubt. Patients with severe and refractory AD have several comorbidities that warrants special care. AD is associated with cutaneous infections such as impetigo, herpes, and molluscum infections. Life threatening complications such as eczema herpeticum should be treated cautiously. The balance of antiinflammation and prevention of opportunistic infections should be reminded. In addition, severe AD is complicated with mental problems, such as ADHD, anxiety, and depression. Severe AD may be associated with adult lymphoma and in fact, early cutaneous lymphoma may actually mimic AD. AD is associated with obesity, cardiovascular diseases, and autoimmune diseases, such as alopecia areata. Physicians should be aware of these associated comorbidities to provide optimal AD care accordingly. Recent treatment advance with monoclonal antibodies against IL-4/13 axis and small molecules against JAK could add to the current treatment with MTX, cyclosporine, azathioprine, and phototherapy in AD. However, the dynamic feature of the bio-psycho-social complications, infections, and eczematous natures requires professional and specific treatments in different AD case scenarios. This talk summarizes the diagnosis and treatment for the disease and complications in severe and refractory AD.