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ABSTRACT

Acitretin – Clinical Effiacy and Side Effects

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Retinoids constitute important agents in the treatment of psoriasis and monogenic disorders of keratinization. Clinical efficay is impressive, whereas the side effects are acceptable and can be controlled as long as patients are supervised according to the guidelines.

A moderate to marked improvement is recorded in 70% of patients with chronic plaque psoriasis, when treated with acitretin (35–60 mg/day). In the case of a combined treatment with Acitretin plus PUVA or UVB, the improvement rate is enhanced substantially. In pustular and erythodermic variants, acitretin monotherapy is highly effective, the optimal dosages being 60 and 10–25 mg/day.

Various side effects during acitretin treatment may occur. Mucocutaneous side effects are the well known witness a sufficient bioavailability of acitretin. Hyperlipidaemia and increases in transaminases are common, but less frequent. Toxic hepatitis and formation of hyperostoses are recorded sporadically. Restrictive use of acitretin is indicated in females, in view of the teratogenicity of the drug.

Risk benefit evaluation of acitretin demonstrated that the drug is indicated in severe manifestations of psoriasis, especially in the erythrodermic and pustular variants. The choice between acitretin, methotrexate and cyclosporin should be made on an individual basis, reconciling the manifestation and the relative and absolute contra-indications.

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