

Permanent Remission of Severe Atopic Dermatitis in a Chinese Patient after Cyclosporin A Therapy

Sir,

Severe atopic dermatitis has been shown to improve significantly with short term cyclosporin A treatment (1). It has also been shown that remission could be maintained by a reduced dosage or intermittent dosing of cyclosporin A (2). In a recent report, 3 adult patients with severe therapy-resistant atopic dermatitis, who were treated with long-term low-dose cyclosporin A for 22, 29 and 44 months, were reported to be in permanent remission after the drug was withdrawn for 22, 34 and 13 months, respectively (3). In another report, one patient stopped cyclosporin A treatment after 9 months and was able to maintain adequate disease control with topical steroids, with no relapse of disease, but no follow-up data was available (4). In this letter, I report a 25-year-old Chinese man with longstanding severe atopic dermatitis since childhood, who was treated with low-dose cyclosporin A for 12 months and has remained in remission since the drug was withdrawn 8 months ago.

The patient, who is of Southern China origin, has lived in Hong Kong all his life and has had severe atopic dermatitis since the age of 2. He also has allergic rhinitis and mild asthma. He has been treated with potent topical steroids, various anti-histamines, and numerous courses of systemic steroids for recurrent exacerbations. He has also consulted numerous Chinese herbalists but has had no improvement from the herbs. He has not been able to have a normal social or working life because of his chronic skin condition. Moreover, in the past 5 years, he has been admitted to hospital with four to five acute exacerbations a year for his skin condition, requiring the use of systemic steroids and antibiotics. He was admitted to the hospital in January 1993, and this time he was commenced on 4 mg/kg/day of cyclosporin A in divided doses. His pretreatment blood pressure, serum creatinine and 24-h creatinine clearance were normal.

After 2 weeks of therapy, his skin had improved dramatically, with a reduction in pruritus, erythema and scaling and after 4 weeks of therapy, there was 70% improvement in the extent and severity of eczema. There was no rise in his serum creatinine and blood pressure at the end of 4 weeks. The dose of cyclosporin A was reduced to 3.5 mg/kg/day after 4 weeks, to 3 mg/kg/day after 2 months, and 2 mg/kg/day after another 2 months. He

was then maintained on 1.5 mg/kg/day for 7 months before the drug was finally discontinued. During the treatment period, one minor exacerbation of dermatitis occurred on the neck and flexural areas of the limbs in the 3rd month of cyclosporin A therapy, which was easily controlled with topical steroids. Serum creatinine, 24-h creatinine clearance and blood pressure were normal throughout the 12-month treatment period. The patient's skin remained quiescent, with only minimal pruritus and inflammation after cyclosporin A withdrawal, and there was no relapse in an 8-month follow-up period. He only requires the use of daily emollients for small areas of dry and lichenified skin at the wrists and ankles at the present time.

Permanent remission of atopic dermatitis was achieved and maintained in this Chinese patient whose life-long severe disease was treated with low doses of cyclosporin A for 12 months, compared to the longer period of maintenance therapy employed in the previous three reported cases (2), although prolonged spontaneous remission cannot be ruled out.

Controlled clinical trials will be required to work out the optimal dosage and duration of therapy to induce and maintain permanent remission in patients with severe therapy-resistant atopic dermatitis.

REFERENCES

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