Systemic treatment in dermatology

Systemic treatment in dermatology does not differ from the application of drugs in other fields. We use ATB, chemotherapeutics, cytostatics, immunosuppressants, venotonics, antihistamines, anticoagulants, vasodilators, vitamins, sedatives etc.

Systemic use of corticoids

Corticosteroids have a *morbidistatic* suppressing the symptoms and development of the disease without curing it), *anti- allergic* and *anti-inflammatory* effect.

Long-term side effects

Formation or perforation of a GIT ulcer, hypertension, block of ACTH secretion, mineral disorders, osteoporosis, Cushing's syndrome, acneiform rashes, hypertrichosis, stretch marks, steroid diabetes, depressive psychoses, thrombosis, activation of latent infections,...

Indication

- **Severe or inauspicious dermatoses** – prolongs life, alleviates suffering, pemphigus, acute erythematodes, generalized scleroderma;
- **severe and extensive *chronic or recurrent* ermatoses** – relief or induces a healing phase, erythroderma, extensive eczema, psoriasis, lichen planus;
- **severe *acute* dermatoses** – they disappear over time, but shock corticoids dampen, acute allergic reactions (Quincke's edema, urticaria, serum sickness), Stevens-Johnson syndrome, erythema nodosum.

Dosage

It is individual:

- shock, initial doses – 5-20 tablets (20-100mg) per day of *Prednisone*, *Triamcinolone* or *Dexamethasone*, most in the morning, least in the evening;
- maintenance 1−2 tbl.

Contraindication

- ulcer disease, DM, hypertension, coronary insuff., IM, TBC, pregnancy;
- need to monitor urine, minerals, weight, BP.

Links

Related articles

- Physical therapy in dermatology

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 12.1.2011]. <http://jirben2.chytrak.cz/>.