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## Vehicles often drive treatment of difficult ailments

Oct 1, 2006  
By: [John Jesitus](#)  
Dermatology Times

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**Louisville, Ky.** — In treating difficult dermatologic conditions such as acne, atopic dermatitis (AD) and plantar warts, a leading expert says the key to successful treatment often involves picking the right vehicle.



Efidex in plantar warts. Photo: Valeant Pharmaceuticals

When it comes to treating acne and AD in particular, what drug one chooses often matters less than its vehicle or delivery system, says Leon Kircik, M.D., clinical associate professor of dermatology at Indiana University.


AD represents a chronic inflammatory condition for which treatments can only control symptoms, not cure patients, he says. Although dermatologists typically treat AD with topical steroids, Dr. Kircik notes that one should use these drugs with caution in children due to concerns for side effects including systemic absorption, skin atrophy, telangiectasia formation and tachyphylaxis.

Similarly, he says the relatively recent rise in community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA) creates concerns regarding secondary infections in children with AD. Therefore, he says, "It's important to culture if there's any infection rather than treating patients with a regular antibiotic, because this bug has developed a resistance to most of these drugs."

At the same time, Dr. Kircik points out that the constant irritation of AD disrupts the skin barrier in most children with the illness. Transepidermal water loss (TEWL) follows, causing further irritation as the vicious cycle of flareups continues, he adds.

However, Dr. Kircik says that if one repairs the skin barrier system, "That solves half the problem" by helping to hydrate the skin and calm irritation. In this area, he says two new products are proving helpful — Mimyx (Stiefel) and Atopiclair (hydrolipid cream, Chester Valley).

"These products help to reduce TEWL and essentially seal the skin. They also have anti-inflammatory effects," thanks to natural lipids such as PEA, an ingredient in Mimyx. Dr. Kircik says this fatty acid appears especially helpful for children with AD. Additionally, he says that Mimyx's sealing property allows medications to penetrate more deeply if one applies it over them. Conversely, he says that while Atopiclair is similar to Mimyx, it's only about half as effective in reducing TEWL, and it contains peanut ingredients, to which many patients may be allergic.

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**Study findings**

"Studies show that if one uses Mimyx as a supplement to steroids," Dr. Kircik adds, "then one will decrease the use of the steroid, which is very important." Similarly, he says, one study compared use of an emollient alone to use of an emollient plus Mimyx and found Mimyx-treated patients achieved remission extensions of 48 percent over their counterparts (Lecture presented at: 64th Annual Meeting of the American Academy of Dermatology; March 3-7, 2006; San Francisco).

In the same study, Dr. Kircik says Mimyx reduced all AD symptoms in 60 percent of treated children. Forty percent of treated patients, likewise, were able to discontinue or reduce the potency of topical steroids. Unlike steroids or topical immunomodulators, he adds, Mimyx places no limit on treatment duration, body location or patient age.

**Future predictions**

Going forward, Dr. Kircik says that two steroid products designed for children show great promise. The first, Desilux (desonide foam, Connetics), should be available by year's end, he predicts.

"This new formulation will be much easier to use. It's absorbed more easily and is much more elegant" than its predecessor, Dr. Kircik says.

He predicts that SkinMedica also will introduce a desonide hydrogel later this year.

"This is an interesting product. Because the steroid will be delivered in a hydrogel, the absorption will be better. It's a very effective moisturizing base" that's free from ingredients likely to irritate skin, Dr. Kircik adds.

Topical retinoids commonly used to treat acne also are very irritating, he adds.

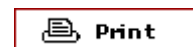
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"I believe Tazorac (tazarotene, Allergan) is one of the most effective topical retinoids. However, it's extremely irritating, so patients can't tolerate it, which decreases their compliance with treatment," he says.

In contrast, Dr. Kircik says two products that combine benzoyl peroxide and topical antibiotics — Benzaclin gel (benzoyl peroxide, clindamycin; Dermik), Duac (benzoyl peroxide, clindamycin; Stiefel) — make patients lives' easier. However, he says Benzaclin can dry patients' skin, while Duac comes in a moisturizing dimethicone-glycerin base that occludes the skin and prevents evaporation of water that comes from the skin's deeper layers up to the stratum corneum. Therefore, Dr. Kircik says, "Patients tolerate the drug better than Benzaclin (Lecture presented at 63rd Annual Meeting of the American Academy of Dermatology; February 17-20, 2005; New Orleans)." Similarly, he says that when one uses Duac with Tazorac, "It makes the Tazorac more tolerable" to patients.

"It almost doesn't matter what drug one is using. Most people don't realize that what's more important is what vehicle or delivery system one puts that drug in," Dr. Kircik says.

### Exception

An exception to the preceding statement is topical antibiotic monotherapy, which he advises avoiding because *Propionibacterium acnes* has grown very resistant to such treatments.

Conversely, Dr. Kircik says wart treatments attempt to stimulate a local immune reaction through destructive or irritative techniques including freezing, burning, excision or topical treatments.

Among topical treatments, he says Efudex (5 percent 5-fluorouracil/5-FU, Valeant) has been available for 30 years and is approved by the Food and Drug Administration for treating actinic keratoses (AKs) and superficial basal cell carcinomas (BCCs).

"But lately," Dr. Kircik says, "studies have shown it actually works for warts, especially plantar warts," which are especially difficult to treat because they grow into the skin.

One double-blinded study compared the efficacy of 5-FU under tape occlusion to tape occlusion alone. After 12 weeks' treatment, 5-FU had eradicated warts in 95 percent of treated patients (Salk RS. *J Drugs Dermatol.* 2006;5(5):418-424).

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"Only 15 percent of these patients had recurrence at six months' follow-up," he adds.

Researchers performed debridement approximately every two weeks.

"That helps not only by irritating the wart, but also by removing dead skin so it's easier for the medication to better penetrate" the thick skin of the sole, Dr. Kircik says.

Like 5-FU, Aldara (imiquimod, 3M) carries FDA approval for treating AKs and superficial BCCs. Dr. Kircik adds that, anecdotally, it appears effective in treating warts, except for thick-skinned areas like the soles, although no rigorous studies involving plantar warts exist.

"In addition to topicals," Dr. Kircik says, "if one tries traditional treatments such as cryosurgery electrodesiccation, one probably will get more bang for the buck, because these modalities double the irritation."

**Disclosure:** Dr. Kircik has served as a consultant, speaker, investor and/or advisory board member for all companies mentioned in this article.

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