

Complex therapy of Ecolocom S and Losterin for limited psoriasis and climacteric keratoderma of palms and feet

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Study goal: to study clinical effectiveness and tolerance of Ecolocom S ointment and Losterin cream in a complex therapy for limited psoriasis and climacteric keratoderma of palms and feet.

Methods: there were 36 patients with isolated palm and feet psoriasis in a stationary stage under surveillance: 1 group – 16 people (9 males, 7 females), aged from 25 to 47, with disease duration in average $14,2 \pm 2,1$ years. 2 group consisted of 16 females aged 45-55, with climacteric keratoderma of palms and feet with average disease duration of $2,3 \pm 0,5$ years.

Reactive therapy during exacerbation was held at in-patient department of dermatovenerologic dispensary with Ecolocom S ointment, which was applied on a dry, cleansed skin of palms and feet with a thin layer daily in the evening during 2 weeks. At the same time, there took place a standard treatment course with usage of antihistaminic, desensitise medications, phototherapy and emollients. Proactive therapy was continued outpatiently with Elococom S ointment twice a day (Tuesdays and Thursdays) during 3 months. Losterin cream was applied on effected palms and feet area on Saturdays and Sundays. Elococom S ointment contains 0,1% mometasone furoate and 5% salicylic acid, based on hexylene glycol, propylene glycol stearate, white wax, mineral butter and water. Losterin cream contains resin-free naphthalan 3%, urea 10%, salicylic acid 0,1%, dexpanthenol, Japanese pagoda tree extract, almond oil.

Treatment evaluation results were performed according to dermatologic scale of clinical symptoms (DSCS) prior to therapy beginning, and on 2nd, 6th, an 12th week of treatment. Erythema intensity, infiltration, exfoliation and cracks were evaluated on a scale from 0 to 3.

An average mark of all testing parameters among the patients in group with psoriasis was equal to 10,2, after the treatment – 5,9 and among the patients in group with climacteric keratoderma – 6,8 and 3,0 accordingly. Dynamics of DSCS index showed significant symptoms reduction by the end of the treatment by almost twice. Complete clinical improvement was achieved by the end of the 3rd month of proactive therapy among 10 patients (31,2%) (6 of them had psoriatic process on the central part of palms and feet, 4 - climacteric keratoderma in the area of heels, thenar and hypothenar.

9 patients (28,1%) (6 with psoriasis and 3 with keratoderma) noted significant improvement with eruption regress by 60 – 70%. 9 of the patients under surveillance (28,1%) (2 with psoriasis and 7 with keratoderma) had improvements with symptoms reductions by 30 – 40% with a performed therapy.

Exacerbation with all symptoms returns was noted among 5 patients (15,6%), which required additional treatment course. During the treatment process, infiltration and exfoliation had reduced by the end of week 3. Erythema intensity, deep cracks healing regressed with a slower speed, by the end of week 4.

4 patients (12,5%) (2 in each group) ceased Losterin cream treatment after 15 – 27 days due to intensive burning and redness increase in affected areas after cream application, they also noted general and local hyperhidrosis. Undesirable effects with Elococom S application were registered,

as a rule, with affected area localization in a central zone of palms and feet for females: short term burning and painfulness in case of contact with cracks among 4 patients (12,5%).

Dryness and exfoliation increase within first 2 weeks of treatment was noted by 5 patients (15,6%). These patients were recommended application of softening balm Elobeyz in the mornig hours, with a continuing application of Elocom S.

Thus, significant therapeutic result (clinical recovery and major improvement) was received by 59,3% of patients (75% of patients with psoriasis, 25% of patients with keratoderma). Symptoms regress in one form or another, noted among majority of female patients (87,5%) with climacteric keratoderma was evaluated as a good result, taking into consideration torpidity of this form towards any external therapy.

It is worth noting, that significant positive dynamics within all evaluated criteria was noted by the end of the 2nd week of treatment and therapeutic effect improved during therapy process: with time, foci got cleansed from hyperkeratotic fusion and crust buildups, external cracks started to heal and erosions started to epithelize.

Conclusion: Complex treatment of Elocom S ointment and Losterin cream provides moderate anti-inflammatory, keratoplastic, keratolytic, dermaprotective and epithelizing action, may be medication of choice for a long intermittent therapy of limited plaque psoriasis of palms and feet and climacteric keratoderma outside of exacerbation process.