

Applications of Elidel for Lichen Plane

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Annotation: The problem of treatment of lichen planus and currently remains relevant. An important task of the topical application of medicinal compositions is to create an effective concentration in the focus of inflammation and maintain such a concentration for a long period of time. This study describes a method for the treatment of patients with lichen planus with the inclusion of sesoran ointment in standard therapy. A clinical study showed that with the use of the above preparation, regeneration of lichen planus was observed by the beginning of 2 weeks. The inclusion of Sesoran ointment in the treatment regimen allows accelerating epithelialization and tissue repair, and stabilizing the inflammatory process.

Key words: Lichen planus, treatment, elidel.

Introduction: In recent years, the prevalence of lichen planus (LP) in practice has expanded somewhat. Among diseases of the oral mucosa, lichen planus occurs in 75-80% of cases, affecting only the mucous membrane in isolation. It is characterized by a recurrent persistent course with a variety of clinical forms. Despite numerous studies, the etiology and pathogenesis of this disease, which is resistant to ongoing therapy, remain unclear.

There are three most common concepts that include the role of functional and organic disorders of the nervous system, toxic-allergic influence, and the impact of the microbial factor. Speaking about functional disorders of the nervous system, a number of authors point to stress as a factor that plays a decisive role in the occurrence of lichen planus of the oral mucosa. A positive correlation was found between stressful situations and the appearance of rashes in the oral cavity, while exudative-hyperemic forms of the disease are most often recorded. The problem of treatment of patients with lichen planus remains relevant. There are many reasons for this. First of all, lichen planus, like no other dermatosis, depends on the neurogenic factor. Very often, the first manifestations of the disease appear after stressful situations. In the conditions of a modern industrial city, overvoltage and nervous overload are so common that the prevalence of lichen planus is steadily increasing. Unexplained questions of the etiopathogenesis of lichen planus cause the use of numerous medications for its treatment, but modern therapy does not always provide a good result. Treatment, as a rule, is delayed for a long period, it is rarely possible to achieve stable and positive remission.

Aim: to study the effectiveness and drug Elidel in the treatment of lichen planus.

Materials and methods: 23 patients aged 18 to 56 years with a disease duration of at least 5 months to 4 years with various forms of lichen planus were examined, which made up two groups: the main (11 patients) and control (12 patients). Patients in the control group received traditional treatment, without the use of the drug "Elidel". This drug is a combination drug for topical use. Comprehensive treatment was carried out according to generally accepted schemes, including general and local therapy. All patients were necessarily sent for consultations of a general practitioner, endocrinologist, allergist and other specialists for the purpose of diagnosing and treating somatic diseases. Pharmacotherapy included the appointment of sedative therapy (novopassitis; motherwort tincture); vitamins. All irritating factors in the oral cavity, sharp edges of the teeth were eliminated, dentures, fillings made of different metals were replaced, a thorough sanitation of the oral cavity was carried out. The affected areas of the oral mucosa were treated with non-irritating antiseptics. Local treatment was aimed at eliminating pain and inflammation, normalizing microcirculation and stimulating epithelialization. For this purpose, applications of the drug "Elidel" were used.

Results: in group 1, clinical recovery was observed within (average) 21-25 days; in group 2, clinical recovery was observed within (average 12-14 days). Minor symptoms of skin irritation on the use of Elidel ointment 0.025% were observed in 2 out of 3 patients at the beginning of the application, but this did not require discontinuation of the drug.

After the treatment, the patients were under control for the detection of relapses for 6 months. There was no recurrence in the group of patients receiving Elidel; in the 1st group of patients, the disease recurred in 1 patient out of 3=x. As a result of the therapy at the site of application of Elidel ointment, no skin atrophy was observed.

Conclusions: Given the lack of a unified concept regarding the etiology and pathogenesis of lichen planus, treatment should be comprehensive using modern medicines. Consistent use of elidel ointment in the treatment of manifestations of lichen planus showed high efficacy in relieving symptoms; most patients achieved long-term remission, were well tolerated, and there were no complications.

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