

# ATOPIC DERMATITIS – allow me contradictory

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## INTRODUCTION

With atopic dermatitis I have observed with high frequency, gastritis, enteritis, colitis, irritable bowel syndrome, intestinal dysbacteriosis, constipation and food allergies, besides the already known allergic rhinitis/rhinoconjunctivitis and asthma.

## AIM

Is atopic dermatitis a multisystemic disease and do patients benefit if their co-morbidities are treated with a medical, global, view?

## METHODS

For 40 years I studied hundreds of patients with atopic dermatitis and researched the existence of co-morbidities particularly inflammatory and allergic.

## RESULTS

The patients itch, scratch themselves and perpetuate the injury in elective characteristic areas of atopic dermatitis. The control of the itching and the inflammations is fundamental. Guidelines about the treatment of atopic dermatitis have recently been published<sup>1,2</sup>. I have particular attention not to do external interventions causing alterations of the cutaneous film, microflora destruction, atrophy, xerosis and addiction<sup>3</sup>. The cutaneous film is hidroglicolipoproteic and has an extremely complex physical-chemical composition<sup>4</sup> and it has no equivalent in the market. About the skin microflora it is common knowledge that it is inseparable from the normal skin morphophysiology and its homeostasis. Sedating and non-sedating antihistaminics and oral corticosteroids, in particular these latter, are effective in itching and inflammation control. Moreover oral corticosteroids are also extremely effective in the treatment of systemic inflammations and, with proper use, I have never produced rebound lesion nor serious adverse effects.

## CONCLUSIONS

The patients have high quality of life and are well-controlled if they follow suitable topic and systemic treatment, multidisciplinary, appropriate to each case, in particular the itching, multi-inflammations and allergies.

## REFERENCES

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